

Date of Admission

Application Form

Allied Health Sciences Course

Academic Year 2018-19

Admission Category

Name of the Specialisation

PERSONAL INFORMATION (IN BLOCK LETTERS)	
Student's Name (As Per SSLC Marks Statement)	
Father's Name	
Mother's Name	
Date of Birth (As Per SSLC Marks Statement)	
Aadhaar Card No.	
Blood Group	
Gender	
Religion	
Caste & Category	
Marital Status	
Residential Address (Permanent)	
Landline No.	
Mobile No.	
Email ID	
EDUCATIONAL QUALIFICATIONS	
Name of Qualifying Exam	
Name of the Institution	
Register No.	
Date of Passing	
Name of the University or Board	
Optional Subjects Chosen	
Secured Marks (%)	

I hereby declare that all the information provided in this form, are true and correct to the best of my knowledge. I have read the prospectus and fully understood that, in the event of my violation of any of the rules and regulations, the Institution or the Board has the right to cancel my admission. Further, I consent to undergo the course for its full duration. I undertake that, as a student of this institution, I will not do (or be involved in) any activity, either inside or outside the Institution premise, that will impede the smooth running of the Institution.

Date:

Signature of the Candidate

Place:

Signature of the Parent/Guardian

Important original documents (or photocopy, wherever necessary), to be submitted along with this Application Form.

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| 1. SSLC Marks Statement
2. PUC/10+2 Marks Statement
3. Transfer Certificate
4. Aadhaar Card Copy | 5. Migration Certificate
6. Passport Size Photographs (3 Nos)
7. Course Completion Certificate |
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