

INSTITUTE OF ALLIED HEALTH SCIENCES



Photo

Admission Form

Sessions: 20.....-20.....

BRANCH:.....

1. Name: (In Capital Letter) _____

2. Father's Name: _ _____

3. Mother's Name : _____

4. Present Address: _____

5. Permanent Address: _____

6. Date of Birth (In word) _____

7. Nationality: _____ Gender: _____ Religion : _____

8. Category: General / SC / ST / OBC / Others. State: _____

9. Present Occupation: Student/ Unemployed /Part time services/ Pvt. Sector job

10. Name of the course applied for _____

Under authorizing body _____

11. Qualification: Madhyamik / Madrasah : Passed in the year _____ Full Marks allotted _____

Total Marks obtained _____ Percentage _____ % Full Marks in Math _____

Marks obtained in Math _____ Full Marks in Physical Science. _____ Marks Obtained _____

Matric or Equivalent passed from the Board _____ Code No _____

H.S /10+2 passed from _____ in the year _____

Full marks _____ Marks obtained _____ Percentage _____ %

12. Contact Residential Ph. No. _____ (M) _____

13. Documents attached:

- Admit Card of Madhyamik / Madrasah/ ICSE / NIOS / CBSE / Matriculation
- Mark sheet of Secondary / H.S / 10+2 / Graduation /Post-Graduation
- Certificate of Madhyamik / Madrasah/ ICSE / NIOS / CBSE / OTHERS
- Photographs:

Declaration

I do hereby promise to abide by the Rules & Regulations of the Behala Institute of Allied Health Sciences (Society) & any of its Unit Institute.

I have gone through details of the Training Course, Affiliating Bodies, Duration, Fee structure, Legality, Prospects, scope of Employment and Self-employment etc. Institute authority has explained me everything in my mother tongue to understand all. During the session / course of training if any changes regarding fees or course curriculum or examination centre is /are introduced / made by any Statutory Body I shall abide by this changes & shall not hold any of the officers of the Society (Behala Institute of Allied Health Sciences) or Unit or any of its branches responsible for that.

I know that all the fees payable to the Institute, in self-financed or partially sponsored courses, once paid are non-refundable/non-transferable & non-adjustable. Once I shall become defaulter due to non-payment of fees in scheduled time, authority will struck off my name from the Roll Book of the Institute. I shall bound to pay the entire accrued penalty due to late payment or other misconduct.

I have taken admission promising to abide by all the Rules & Regulations of the Society or any of its Unit Institute & all the Statutory Authorizing Body & its affiliate, failing which Institute Authority can take appropriate action against me.

Student's Signature

Parent's / Guardian's Signature

Date: -----

For Office Use

Admitted / Rejected. Reasons for rejection:

Deficient documents:

- 1.
- 2.
- 3.
- 4.

Fees paid in Cash / Draft / NEFT / Online admission. Provisional Receipt No. & Date:

Final Receipt No. _____, dated:

Form verified by _____

Signature of Admission Authority