

NATIONAL COLLEGE OF HEALTH SCIENCES

ADMISSION FORM

ALL Entries must be filled by the candidate in capital letter putaFor yes and x for No and NA where not applicable

in The box																						
Course Applied for																						
(As entered in secondary/ senior secondary or equivalent examination certificate)																						
Date of Birth																						
Name of Candidate																						
Name of Father																						
Name of Mother	-																					
Permanent Address																					<u></u>	
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(For dispatch of Provisional/Degree/Diploma/Certificate/any other information to the candidate, change in Addres /PH. No. should be immediately communicated to the institute.)															dres							
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Signature of								Si	gna	ture	e of	Car	ndic	late	; (in	full)					
Dated / /	(DD/MM	I/YYYY)	\neg	Г				٦													
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Have you Ever Been Debarred any institute / Board No Yes If yes give detail																						
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The Candidate is informed that his/ her application has been received and provisionally Selected for admission.