National College of Health Sciences

Aman Nagar, Behind Green Land School,
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Email: nationalcollegeofhealthscience@gmail.com
Website: http://www.nchs.in

Join NCHS and Transform Your Passion into a Successful Healthcare Career

ADMISSION FORM

Paste passport size photograph of applicant.
2 Identical photographs along with the Admission Form

Signature of the Applicant

INSTRUCTIONS

1. Form should be filled in Block Capital Letters in English Language with Blue ink only by the Applicant.
2. Incomplete application form will be rejected without any further communication.
3. Filling of the Admission form does not guarantee the acceptance of request for admission.

COURSE APPLIED FOR _____

SESSION _____ **AADHAAR NO.** | | | | | | | | | | | | |

(As per Secondary/ Senior Secondary Certificate)

NAME OF APPLICANT .....

DATE OF BIRTH DD | | MM | | YYYY | | | | **GENDER** MALE ☐ FEMALE ☐ OTHERS ☐

FATHER'S NAME _____

FATHER'S OCCUPATION _____ **MOBILE NO.** _____

MOTHER'S NAME _____

MOTHER'S OCCUPATION _____ **MOBILE NO.** _____

NATIONALITY INDIAN ☐ OTHERS ☐ (specify the name of the country) ..... **RELIGION** .....

CATEGORY GENERAL ☐ OBC ☐ SC ☐ ST ☐ **DIVYANGJAN** ☐ .....

BLOOD GROUP ..... **MARITAL STATUS** .....

EMPLOYMENT GOVT. EMPLOYEE ☐ PVT. EMPLOYEE ☐ SELF EMPLOYED ☐ UNEMPLOYED ☐ OTHERS ☐ .....

PERMANENT ADDRESS ..... **CORRESPONDENCE ADDRESS** .....

.....

.....

PIN CODE ..... **PIN CODE** .....

CITY ..... **STATE** ..... **CITY** ..... **STATE** .....

E-MAIL ..... **E-MAIL** .....

MOBILE NO. | | | | | | | | | | **MOBILE NO.** | | | | | | | | | | |

Any change in address should be immediately communicated to the Institute.

HAVE YOU EVER BEEN DEBARRED BY ANY UNIVERSITY / BOARD ? **YES** ☐ **NO** ☐

If yes, then attach the details of the same.

Signature of the Applicant

Academic Details (enclose self attested photocopies of the originals)					
S.No.	**Name of Examination**	**Roll No**	**Semester/ Year**	**Name of University/ Institution / Board**	**% / CGPA**

Work Experience Details (Furnish Latest two details) and submit work experience certificate		
S. No.	**Name and Address of the Organization**	**Total Experience in Years**

LIST OF DOCUMENTS (SELF ATTESTED) TO BE SUBMITTED

1. **All Previous Qualification Certificates**
2. **Identity Proof (With Photo)**
3. **Address Proof**
4. **Caste Certificate (if Applicable)**
5. **Aadhaar Card**
6. **Passport Size Photo**
7. **Experience Latter (if)**

DECLARATION BY THE APPLICANT

I have read and understood the rules and regulations if the include and satisfied myself that I fulfill the eligibility conditions as laid down in the prospectus. I have furnished necessary information/document(s) correctly. I shall submit any other document(s) that may be required in the future. I understand that my candidature is liable to be cancelled by the College. If the information/document(s) submitted herewith is found incorrect or mis-leading. Further the College to take appropriate action which shall be acceptable to me. in future also. If any information is submitted by me is found incorrect, the College has the authority to cancel the degree/diploma at any time. I understand that the fees once paid will not be refunded/adjusted. Any dispute will subject to Ludhiana jurisdiction.

Date:

Place :

_____

Signature of the Applicant

DECLARATION BY THE APPLICANT (in Case of Lateral Entry)

I hereby declare that I have already completed the formalities for.....year(s) of (Course Title).....

.....from .....and agree to appear in .....

year(s) of examinations and also previous years mismatched paper, if any.

Date:

Place :

_____

Signature of the Applicant