



## INSTITUTE OF ALLIED HEALTH SCIENCES

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## **APPLICATION FORM**

(Use black/blue ball point pen and write in CAPITAL letters)

Name of the O	Course Applied for			
Name of the A	Applicant			
Date of Birth (dd/mm/yyyy	~·-·-·	Gender	M F	AFFIX PHOTO
Father's Name Occupation	e & [		j	(Self attested recent Passport size photo)
Mother's Nam Occupation	ne & [			
Present Addre	ess			
Telephone !	>	Mobile	(	
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ACADEMIC	DETAILS			
Qualification	Name of the Institution & Board	Year of Completion	Subjects	Marks
SSLC/ 10 Std				
			Total	

Qualification	Name of the Institution & Board	Year of Completion	Subjects	Marks
HSC/				
12 Std				
			Total	
OTHER QU	ALIFICATIONS			
Qualification	Name of the Institution & Board	Year of Completion	Subjects	Marks
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