



H.S. CHANDRA PARAMEDICAL HEALTH INSTITUTE

At+Post - Bariyatu, P.S.- Gola, Dist.- Ramgarh:829110 (JH)

Mob. : 7761815239, 7783047570

Web. - hschandra.org, Email : hschandranpd@gmail.com

Approved by : Jharkhand State Paramedical Council

APPLICATION FORM

Photo

Course : DMLT / O.T. Assistant /Dresser

Application No.
(for office use)

Please fill in the application form carefully with ball pen in Capital Letters, One Letter in one box. Leave one box between two words, incomplete and incorrect application will be rejected.

1. NAME OF APPLICANT

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>

2. NAME OF FATHER/HUSBAND

<input type="text"/>

3. NAME OF MOTHER

<input type="text"/>

4. Date of Birth Applicant

5. Gender : Male Female

6. Permanent Mailing Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

7. Present Address (if different from the above)

<input type="text"/>
<input type="text"/>
<input type="text"/>

8. Nationality : 9. Mobile of Student Mobile of Parent :

10. Community : (A) SC (B) ST (C) OBC (D) General

10. Whether Candidate in Physically Handicapped : Yes No

11. Academic Qualification (Do not Leave any columns blank)

Education	Name of Board/ University	Month & Year of Passing	Electives/ Specialization	Class/Grame Obtained	% Marks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Academic and Co-Curricular Distinction : (Please indicate major achievement & awards)

<input type="text"/>

13. Check List :

Please ensure that the following documents are attached with the Application Form :

- (I) Certificate
- (ii) Caste Certificate (ST/SC & OBC)
- (iii) 10 Passport Size Colour Photograph

14. Aadhaar Card No. of Student

<input type="text"/>

15. E-mail ID of Student

(Signature of the Parents/Guardian)

(Signature of the Student)

Date :

Place :

CERTIFICATE OF UNDERTAKING TO BE SIGNED BY THE APPLICANT

- (I) I affirm that the information given by me this application is true of my knowledge. I understand that any false or misleading statement may constitute ground for denial of admission or letter expulsion. My parent/guardian is in consent with the information provided (for dependents)
- (ii) I have read and understood the full requirements of the course, eligibility criteria and other information indicated in prospectus is medically fit to undergo the course. I know D. Pharma Course Recognized by Pharmacy council of India (PCI) New Delhi.
- (iii) I Undertake to abide by the instructions indicated in the prospectus and any regulations promulgated by the institute when I join. The secretary, Institute of Education and Technology, Ranchi is free to initiate suitable action in case I infringe the rules and regulations as laid by the institute.

Date :

(Signature of the Student)

Place :

**Note : 1. The filled in application should reach to us on or before
2. All disputes subject to Ranchi Jurisdiction.**



H.S. CHANDRA NURSING & PARAMEDICAL HEALTH INSTITUTE

At+Post - Bariyatu, P.S.- Gola, Dist.- Ramgarh:829110 (JH)

Mob. : 7761815239, 7783047570

Web. - hschandra.org, Email : hschandranpd@gmail.com

Approved by : Pharmacy Council of India (PCI)
Examination Authority : Deptt. of Health Medical Education
& Family Welfare, Govt. of Jharkhand, Ranchi

APPLICATION FORM

Photo

Course : D. Pharm / B. Pharm

Application No.
(for office use)

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Middle Name	<input type="text"/>
Last Name	<input type="text"/>

2. NAME OF FATHER/HUSBAND

<input type="text"/>

3. NAME OF MOTHER

<input type="text"/>

4. Date of Birth Applicant

5. Gender : Male Female

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<input type="text"/>
<input type="text"/>

7. Present Address (if different from the above)

<input type="text"/>
<input type="text"/>
<input type="text"/>

8. Nationality : 9. Mobile of Student Mobile of Parent :

10. Community : (A) SC (B) ST (C) OBC (D) General

10. Whether Candidate in Physically Handicapped : Yes No

11. Academic Qualification (Do not Leave any columns blank)

Education	Name of Board/ University	Month & Year of Passing	Electives/ Specialization	Class/Grame Obtained	% Marks
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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