

THE DUNCAN HOSPITAL, RAXAUL

AN UNIT OF THE EMMANUEL HOSPITAL ASSOCIATION

APPLICATION FOR ADMISSION TO DMLT TRAINING

Application No:

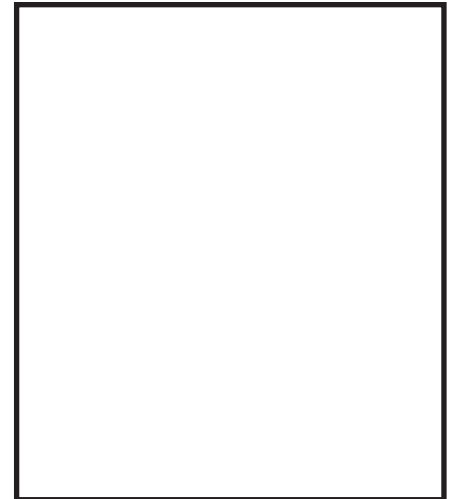
Category: Sponsored/General
(Tick whichever is applicable)

Duncan Hospital, Raxaul
Dist: East Champaran
Bihar-845305

PHOTO

Instructions to the candidate

- Read all the instructions before filling in the application
- Application should be filled in the candidate's own handwriting
- Tick wherever applicable
- Xerox copies of Mark list and other testimonials duly attested should be attached. (Originals should be produced at the time of interview)
- Incomplete application forms will be summarily rejected.
- Issue of application forms and prospectus from 1st May onwards.
- Last date for submission of filled application form on or before 30th June.



GENERAL INFORMATION:

1. NAME (In Capital letters).....

2. ADDRESS FOR COMMUNICATION.....

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Pin code.....Phone.....Mobile.....

Email.....Fax.....

3. Permanent Address.....

4. Date of Birth.....Age.....Sex: Male/Female

5. Marital Status: Single/Married/Divorced

If married, number of children.....their ages.....

6. Height.....Weight.....Nationality.....

Domicile State.....

7. INFORMATION ABOUT PARENTS:

DETAILS	FATHER/GUARDIAN	MOTHER
Name		
Occupation		
Designation		
Annual Income	Rs	Rs

* When a parent is alive (either father or mother) the question of guardian does not arise.

* If mother is also employed, occupation should be given.

* Enclose Income certificate from the employer/Zonal Deputy Tahsildar

8. Applicant`s Educational Qualification.....

9. Subject taken in High school and Intermediates (+2) studies:

High School Year.....Intermediates (+2) Year.....

Subjects	Marks %	Subjects	Marks %

10. Extracurricular activities:(SPORTS,NCC,SCOUTS,NSS, MUSIC, ANY OTHER)

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11. Name of the person who will meet the financial requirement for training

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(If you are sponsored, a letter from the sponsoring body or person should be sent along with the application)

12. OTHER DETAILS:-

A. Mother Tongue.....

B. Language Known(Speak).....

Read& Write.....

C. Religion.....If, Christian: Denomination.....

D. Name & Address of your Pastor/Elder.....

13. Have you had any major illness/surgeries in past: Yes/ No If yes, give details

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14. Reason for applying for this course.....

.....

Signature of the Parent/ Guardian

Signature of the Candidate

Date:

Date: