

# THE DUNCAN HOSPITAL, RAXAUL

AN UNIT OF THE EMMANUEL HOSPITAL  
ASSOCIATION

## APPLICATION FOR ADMISSION TO DMLT TRAINING

Application No:

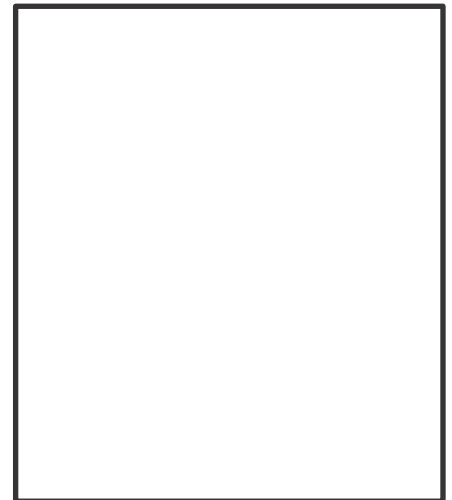
**Category: Sponsored/General**  
(Tick whichever is applicable)

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 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 1<sup>st</sup> May 2018 onwards.
- Last date for submission of filled application form on or before 30<sup>th</sup> June.



### GENERAL INFORMATION:

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

2. ADDRESS FOR COMMUNICATION.....  
.....

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

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

8. Applicant`s Educational Qualification..... year of passing.....

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

Subjects (SSLC)	Marks %	Subjects (+2)	Marks

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

.....  
.....

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

.....

(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 (Read &Write) .....

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

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

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

.....  
.....  
.....

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

.....

Signature of the Parent/ Guardian

Signature of the Candidate

Date:

Date: