



School of Paramedical Training

BROADWELL CHRISTIAN HOSPITAL COLLECTORGANJ,
FATEHPUR, U.P.-212601

(Affiliated with: STATE PARAMEDICAL FACULTY, LUCKNOW)

Application No:

Roll No.

Enrolment No-----

Course:

Session:-----

ADMISSION FORM

INSTRUCTIONS TO THE CANDIDATE

1. Read all the instructions before filling up the application form.
2. Please make sure you are eligible to apply before sending application.
3. This form should be filled legibly in applicant's own handwriting.
4. Insert NIL, if there is no answer to question/ Tick wherever applicable
5. Xerox copies of Mark Certificates and other testimonials duly attested should be attached (originals should be produced at the time of interview) **please refer to prospectus**
6. Incomplete application forms will be summarily rejected
7. PLEASE QUOTE APPLICATION NUMBER IN ALL COMMUNICATIONS
8. Last date for submission of filled Application form –

Affix
Recent
passport size
Colored
photograph

GENERAL INFORMATION

1. Name (in CAPITAL letters as entered in 10th Certificate)
.....
2. Name of your parent/guardian.....
3. Occupation of parent/guardian.....
4. Address for Communication
.....
- Pin Code Mobile..... Email
5. Permanent Address
.....
6. Date of Birth Age
7. Marital Status Sex
8. Height Weight
- Birth Place..... Domicile State

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9. Nationality..... .Cast's /SC/OBC/GEN/OTHERS.....

10. Information about Parents:

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

11. If married, do you have children?How many?.....

12. What is the occupation of your spouse?

13. What is your educational qualification?

14. When did you leave your school/college?

15. Academic Details:

Passed	Name of School / College	Name of Board University	Subjects (Stream)	% of Marks	Year of Passing
X					
XII					
Graduation					
Any other course					

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

.....

17. Have you done any other Professional/technical training before? If so, give details

.....

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18 . Name of the person who meets the financial requirements for your training

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

19 . Preferred Language to Medium & Exam:

a. Mother Tongue: b. Other Language(s) Known speak):

Read..... (Write) : c. Religion:

If you are Christian then mention your Church Denomination

20 . Have you had any major illness in the past?.....If yes, give details

.....

21. After completion of your training you will be posted in any one of the EHA hospitals to fulfill your service commitment of two years ,Do you agree to this?

.....

DECLARATION OF APPLICANT

Certified that I, _____ am an Indian National, and have read and accepted the provisions of the Prospectus, and have enclosed the self-attested copies of all the certificates in proper order as required, and submitted the application complete in all respects. In the event of my application found to be deficient or incomplete, and rejected by Admitting Authority, I shall be held responsible for the same.

I, _____ hereby declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect, or ineligible, being detected before or after the admission, appropriate action as deemed fit, by the Competent Authority, can be taken against me.

PLACE: _____ (Signature of the Applicant)

DATE: _____

ADDRESS: _____ Name as signed (Write in Capital letters)

MOBILE: _1. _____ 2. _____

Email id: _____

DECLARATION BY PARENT/GUARDIAN OF THE APPLICANT

I, Shari/Smt. _____ aged _____ years, father/mother/guardian of Mr./Miss/Mrs. _____

_____, resident of Village/Town _____, District _____, in the State of _____

hereby declare that I have read and accepted the provisions of the Prospectus and the Particulars furnished in the application, including total annual income of both parents, are correct to the best of my knowledge and belief. I declare that I shall be held responsible for timely payment of all fees, rent, and other charges in respect of my son/daughter/ward during the period of his/her studies in the College. I hereby declare that the Institute will not in any way be held responsible for accidents/injuries caused to my ward during the Classes, Practical's, Implant Training in Industries, Educational Tours, Sports activity etc.

DATE. _____

(Signature of the Parent/Guardian)

Relation with Candidates..... Name as signed (Write in Capital letters)

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CHECK LIST FOR THE DOCUMENTS TO BE ATTACHED

1. Please attach self- attested photo copies of the certificates in following order and tick appropriately.
2. No original document should be attached, as the admission committee shall not be responsible for loss of original document.
3. Application form is to be submitted by the notified date, as specified in the prospectus.

Sr. No	Details of Certificates	Attached	Original document submit during admission time	Please Tick
1)	Latest photograph on the form & 4 photo Extra			
2)	Certificate of Class 10 th & Mark Sheet			
3)	Certificate of Class 12 th & Mark Sheet			
4)	Cast Certificates			
5)	Certificate of date of birth			
6)	School/college leaving certificate (TC)			
7)	Character Certificates			
8)	Income Certificate of parent/guardian/sponsor			
9)	Copy of Aadhaar Card			
10)	Migration Certificates If he/she did outside of Uttar Pradesh			
	If any other (Please Specify)			
Categories accepted:		Checked by:		

FOR OFFICE USE ONLY

Form issued onReceived back on.....

Application CompleteIncomplete.....

Selected for Interview Not selected for Interview

Certificates and Mark Sheets Verified: Yes/ No

Medical Exam / Lab/X-Ray Remarks.....

Results of interview: Selected/ not selected/ Wait List

Signature of the verifying

Official c seal

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Terms & Conditions of Admission:

1. The Admission may stand cancelled if it is found that student has submitted false documents, or has made incorrect submission in interview. No refund will be made in such cases.
2. Any student found indulging in drug abuse, violence or improper behavior or ragging or not adhering to discipline, rules and regulations or involved in anti-national, anti-govt., anti-institute, anti-social activities shall be rusticated with immediate effect and no refunds shall be made in such cases.
3. Activities that have the effect or intention of interfering with education, pursuit of knowledge, or fair evaluation of a student's performance are strictly prohibited.
4. Non-Payment of the prescribed fees by the due dates will result in cancellation of registration and admission. None of the components of the fees once paid are refundable under any circumstances. Hence, requests for refund of part or full fee or registration amount shall not be entertained.
5. Due and reasonable care has been taken in obtaining the relevant approvals from the concerned Universities. School of Paramedical Training and its students are however bound by any change in the laws/government policy/judicial ruling affecting its University/ autonomous programmes.
6. Every student is required to register in a prescribed form before the commencement of the academic year. This form also contains the rules, regulations and codes of conduct applicable in the institution. Copies of the above, collectively referred to as Student Rule Book, shall be available with the principal office during orientation.
7. The institution reserves the right of merger of the classes or subjects in the academic interest of the students.
8. During admission, original documents are to be submitted which will be returned after the completion of the two year course.
9. Students are instructed to wear prescribed uniform regularly. Valid reason should be given in case of students fails to attend class in proper uniform.
10. Full fee should be paid in advance at once or at the beginning of each semester.

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