## **INDIAN INSTITUTE OF ALLIED HEALTH SCIENCES**

Indian Institute of

Email: info@iiahs.in, website: www.iiahs.in

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Indian Ins	a Institute of Health Sciences					(Fill in BLOCK letters only)																
Enrollment No:																Photo						
Academic year																						
Course and Specialty Applied for																						
Name	of the	Appl	icant	(as in	the l	Birth	Cert	ificat	e or M	Iarks	card	l of S	Stand	ard 1	ХЕ	xar	n)					
Father	's Nam	e																				
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Employment Details:											
a) Employed: (Tick) Yes No											
b) Designation											
c) Name of the Company / Institution											
d) Address:											
Fees Payment Particulars:											
a) Cash											
a) Name of the Bank											
b) DD / Cheque Number											
c) DD / Cheque Date											
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Rupees (in words)											
Rupees (III worus)											
<u>DECLARATION</u>											
I hereby declare that, the information furnished herein are true and correct to the best of my knowledge and belief. I have read the prospectus and the rules and regulations of the University. In case any information											
furnished is found Incorrect, at any stage I agreed to forego the claim for admission.											
Terms & Conditions:											
a) Xerox Copy of Mark sheets and Certificates in proof of all examination passed should attach. b) The Application form along with the Bank Draft should be sont to the Institute through Courier (Speed											
b) The Application form along with the Bank Draft should be sent to the Institute through Courier/Speed Post.											
<ul> <li>c) Fees once paid is non refundable under any circumstances.</li> <li>d) Payment by D.D. &amp; Cheque should be made in the favore of <u>Indian Institute of Allied Health Sciences</u></li> </ul>											
Payable at Delhi.  e) Cash payment receivable against money receipt at Corporate Office Only.  Delhi Comparete Office Only.											
f) In Case of any Disputes jurisdiction will be at New Delhi/ Delhi Corporate Office Only.											
Date: Place:											
(Signature of the Branch Head) (Signature of the Applicant)											