# Charnock Healthcare Institute
*Creating talented Workforce for the Healthcare sector*

## Application Form

Affix
Passport size
photograph
here

Application Form For Admission to ............................................................ Course Session
............................... Instruction to applicant:
1. Fill the form in own and clear handwriting
2. Do not overwrite
3. Place a (✓) mark over the correct option
4. Submit documents duly self attested

Application No.: _____  Application Date: _____

Course Applied For : _____

Name in Full (IN BLOCK LETTERS) : _____

Date of Birth : | D | D | M | M | Y | Y | Y | Y |  Age (as on 31.12.20    ) : | Y | Y | M | M | D | D |

Aadhar Card No. : |   |   |   |   |   |   |   |   |   |   |   |   |    Religion: _____

Father's Name : _____  Mother's Name : _____

Guardian's Name & Relation: _____

Permanent Address : _____

_____

Present Address : _____

_____

Contact No.: _____  E-mail ID: _____

### JEE Qualified / Non-Qualified:

JEE Roll No.: _____  JEE GMR Mark : _____  Nursing Rank : _____

### Academic Details of Class XII:

Name of Board : _____  Year of Passing: _____

Marks of Best 4 Subject (Including English) :

| Name of 4 Subject (Including English) | Total Marks | | Marks Obtained | | Total Obtained Marks |
|---|---|---|---|---|---|
| | Theory | Practical | Theory | Practical | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL MARKS (Best of 4 Subjects) | | | | | |
| Percentage (Best of 4 Subjects) | | | | | |

### Personal Details :

Gender: | M | F |  Marital Status |        |  Blood Group |     |  Height |     |  Weight |     |  Vision |     |

Mental Status Examination |        |        Immunization Status |        |

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## Declaration

I hereby declare that the above-mentioned information are true and correct to the best of my knowledge and belief. I have also read and understood the Rules and Regulations provided and agree to abide by them.

Place : ―――――――――

Date  : ―――――――――

―――――――――――――――            ―――――――――――――――――
Signature of the Candidate                    Signature of the Parents/Guardian

Note: All criteria are subject to change as per INC & WBNC