

3. FAMILY DETAILS :

| Name | Relation | Occupation | Designation | Phone No. |
|------|----------|------------|-------------|-----------|
| | | | | |
| | | | | |
| | | | | |

1. REQUIRE DOCUMENT (Enclosed photocopy of certificate, attested by Gazetted Officer) :

| Sl. No. | Document | Remarks (✓) |
|---------|--|-------------|
| 1 | Aadhaar Card | |
| 2 | 4 photo passport photo | |
| 3 | 10 th / 12 th Provisional Certificate /Marksheet/Admit card / Migration. | |
| 4 | Income Certificate. | |
| 5 | Medical Fitness Certificate. | |
| 6 | Aged gap Affidavit certificate, if required. | |
| 7 | OBC, SC/ST Certificate. | |
| 8 | Domicile Certificate | |

2. DECLARATION BY THE STUDENT

- I hereby tender that I will regularly attend the classes and will maintain at least 80% attendance in my class.
- The eligibility documents submitted by me are true and genuine to the best of my knowledge and belief.
- During the course of study I will not be in any kind of regular job either in any Govt., semi Govt. or Pvt. Authority/Co.
- During the course of study I will not do any other regular course from any other institute.
- I will not include in any sort of legal cases, whether Criminal/Civil during the course of study.
- I understand that the fees once paid will not be refunded.
- I will not be involved in malpractice, misconduct, or fraud in any manner during any tenure of study in the institute.

I confirmed that the information given on this form is true, complete and accurate and none of the information requested of other material information has been omitted. I accept if it is discovered that I have supplied false, inaccurate or misleading information, PC Allied Health Institute reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the *PC Allied Health Institute* and I shall have no claim against *PC Allied Health Institute* in relation thereto.

Place:.....

Date:

Signature of the Guardians

Signature of the applicant

Verified by :-