

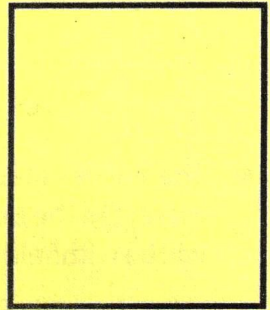


Care Institute of Life Sciences

Admission Form

3359

No. :



1. Name of Course

2. Name of the Candidate (in capital letters)
(As per High School Certificate)

3. Date of Birth (As per High School Certificate)

Date Month Year

4. Father's Name

5. Mother's Name

6. Occupation of Father

7. Category Gen OBC SC ST

8. Sex Male Female

9. Nationality 10. State/Union Territory of India

11. Permanent Identification Mark

12. Address of Correspondence

PIN

13. Permanent Address

PIN

14. Contact No. with STD Code Mobile No.

15. Details of Qualification

Exam.	Roll No.	Years of Passing	University	Subjects	Marks Obtained	Max Marks	% age of Marks

Declaration :

I Declare All information's provided my me are true to my knowledge and believe. I fully understand that my admission will stand cancelled if any false information is given by me.

Date

Place

.....
Signature of Candidate

DECLARATION

I..... solemnly affirm and declare that

- The entries made in this form and particulars in reply to the questions above are true, complete and correct to the best of my knowledge and belief in the event of any information being found false diploma will be withheld or cancelled by the director of the institute
- I shall be willing to serve in any department of the institute/hospital urban/rural area during practical / theoretical /internship period
- I shall not use any intoxicant, drugs, smoke or consume alcohol in the hostel or institute premises.
- I do hereby agree to pay the cost of damages caused by me to the movable and immovable property of the institute. Caused duet o negligence during duty or work.
- I shall attend 75% theoretical and 90% practical classes.
- I understand that the fees paid by me is neither refundable or adjustable or transferable in any circumstances.
- In any form. I hereby agree that in case of any dispute between me and the institute during the training period the matter will be referred to the director, of the institute and his decision will be final.
- I shall not indulge in any political activities, student union/association/action committee.
- I have never been convicted by the court of law.
- I will not indulge in ragging.

Signature of Parent/Guardian

Signature

UNDERTAKING

I.....hereby agree to abide by rules and regulations /terms and conditions of Care Institute of Life Sciences. I have obtained the consent/permission of my parents and guardians to join the course.

I have noted that the fees once paid is not refundable or transferable in any form.

I am aware that the Institute does not guarantee any employment in center/state government, semi government or autonomous, private/voluntary organizations.

In case of any dispute the jurisdiction for legal proceedings will be Lucknow jurisdiction only.