



# Care Institute of Life Sciences Lucknow

## Examination Form

**Session:**

Course Name: .....

Roll. No. :

**Detail of Bank Draft**

Draft No

Date

Issued from

**Candidate's Name**

In Capital Letter

**Father's Name**

In Capital Letter

**Nationality**

**Religion**

**Category**

**Date of Birth**

**Father's Name / Husband Name**

**Father's / Husband Occupation**

**Marital Status**

**Gender**

**Mailing Address:**

**Address :**

**Phone:**

**District :**

**Extension:**

**State :**

**Mobile :**

**Pincode :**

**E-mail :**

**Permanent Address:**

<b>Address:</b>	<b>Phone:</b>
<b>District :</b>	<b>Extension:</b>
<b>State :</b>	<b>Mobile :</b>
<b>Pin code:</b>	<b>E-mail :</b>

**Academic Qualification:**

Examinations Passed	Board/ University	Marks Obtained	Max. Marks	% Marks	Subjects
Matriculation					
Intermediate					
Graduation					
Post-Graduation					

**Attachments:**

Bank Draft	High School certificate
Proof of Date of Birth	Inter Marksheet
Cast Certificate	Inter Certificate
High School Mark sheet	Graduation Marksheet

**Declaration**

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I solemnly affirm that if any material fact has been suppressed by me, my candidature shall stand immediately cancelled without any notice. In this matter decision of the admitting Institute shall be final and binding on me.

**Place & Date****Signature of Candidate**