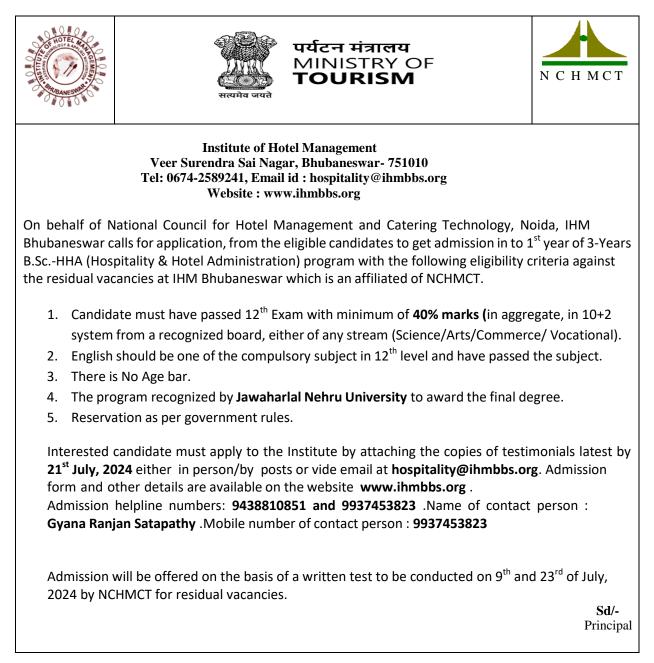
ADMISSION-2024







REGISTRATION FORM

(For admission to 3-Year B.Sc. HHA program at IHMs under NCHMCT)

CHOICE OF IHM FOR	R ADMISSION: (Indicate a	any IHM affiliated	with NCHMC	T)		
PERSONAL INFORM						Affix recent passport size photograph
PERSONAL INFORM.	ATION					
Name of Applicant:						
Gender (Please ✓):	Male	Female				
Date of Birth:	Date	Month		Year		
Category (Please ✓):	Gen	EWS	OBC	sc	ST 🗌	PwD
(Applicable only for admi	ssion in Govt. Institutes and r		mission in Priv			
Name of Mother:						
Name of Father:						
E-mail : (in capital letters)						
Mobile No.:						
PERMANENT ADDR	555		ADDRESS F	OR CORRESPON	DENCE	
	140-2 (40 TH) 02 2000					
(copy of mark-sheet)	I 10+2 (12 TH) OR EQUIV/ /pass certificate to be a	ALENT EXAM FR ttached as proo	OM A RECO f)	GNIZED BOARD		
No. Subje 1.	ect Max. Marks	Marks Secured	% of Marks	Year of Passing	Name	of Board
2.						
3.				1		

Above particulars are true to the best of my knowledge and at any stage information given above by me is found to be false, my candidature shall be cancelled.

Applicant's Signature

Date: Place:

4. 5. Total:

· ___^