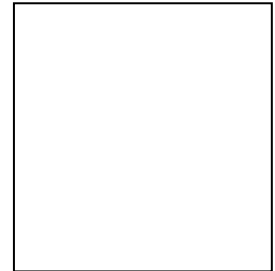




APOLLO INSTITUTE OF HOSPITAL MANAGEMENT & ALLIED SCIENCES

APPLICATION FOR ADMISSION



1. Name of the Course:

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2. Year of Admission:

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3. Name of the Applicant (as in Certificate – in BLOCK letters):

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4. Expansion of Initials:

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5. Sex:

M	F
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6. Date of Birth:

Date		Month		Year			

14. Landline No.:

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15. (a) Religion:

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(b) Community:

BC	MBC	OC	SC	ST
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16. Blood Group:

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17. Qualification and marks obtained:

Examination Passed	Name of the Board (State/ Central/ Others)	School/ College	Register No.	Aggregate of marks	Aggregate Percentage of marks	Month year of Passing
X						
XII						
UG -						

Note:

The following certificates should be submitted with the application with one set of attested xerox copy of the originals failing which candidate will not be registered for course.

1. Mark sheet (10 / +2 for UG Course) & (10 / +2 / UG for PG Course)
2. Transfer Certificate
3. Conduct Certificate
4. Birth Certificate
5. Community Certificate
6. Physical Fitness Certificate with Blood Group
7. Migration Certificate (For Other State Candidates)
8. Non Objection Certificate (For other Country Candidates)
9. Eligibility Certificate (For UG – Allied Health Science Course Candidates)
10. Degree (For PG Course)
11. Provisional (For PG Course)
12. Registration (For Professional PG Course)
13. Course Completion Certificate (For PG Course)

DECLARATION BY THE CANDIDATE

I declare that the particulars mentioned above are true and I will not claim/ ask for any change with regard to any of the particulars furnished above.

I agree to abide by the rules and regulations of the University as framed from time to time.

Date:

Signature of the Candidate

PHYSICAL FITNESS CERTIFICATE

Name :
Age :
Sex :
Height :
Weight :
Birth Marks :

Vital Signs:

- Pulse :
- Temperature :
- Respiration :
- BP :
- Blood Group :

Past Medical History:

- Anemia :
- Jaundice :
- Seizures :
- Communicable diseases :
- CNS :
- Allergies :
- If any :

Investigations:

- CBC :
- HB :
- Blood Grouping :
- Urine Routine :

Vaccination to be taken

- HBsAg :
- H₁N₁ :
- HCV :

I certify that student to be **FIT / UNFIT** to undergo the course.

Date:

Signature of the Medical Officer