AWH INSTITUTE FOR PARAMEDICAL COURSES

21/10, KALLAI P.O., CALICUT-673003 PHONE: 0495 - 2323526, 2325408, 2325250

APPLICATION FOR DIPLOMA IN HEALTH INSPECTOR COURSE 20.... 20.... (RECOGNISED BY GOVT. OF KERALA AND DHS)

No.

Passport Size Photo

1. Name of the Candidate	In English (in block letters)					
	In mother tongue	е				
2. Permanent Residence Address			3. Address to which communications are to be sent			
Pin:	Ph:		Pin:	Ph:		
Phone:			Phone:			
4. Sex: Male / Fema	ale	5. Age:		6. Date of Birth:		
7. Place of Birth:		8. Village / Town:		9. Taluk:		
10. District:		11. State:		12. Nationality:		
13. Marital Status:			14. Mother tongue:			
15. Name and Addr	ess of Parent / Gua	ardian	Relationship with the applicant			
			Occupation			
Pin:	Ph:		Phone			
16. Name and Adre	ss of Local guardia	n	Relationship with the applicant			
			Occupation			
Pin: Ph:		Phone				
17. Name of Mothe	r					
18. Religion & Community (Specify whether SC / ST / OEC / OBC)						
19. Annual family income			Rs.			
20. Whether physically challenged? If yes, specify details						
21. Educational Qualifications			•			
(i) Name of the examination passed						
(ii) Register No. and year						
(iii) Optional subject	studied					

22.	Detail	of	marks	obtained	in	qualify	vina	examinations

Part	Subject	Marks obtained	Maximum Marks	Percentage			
	Total						
	otal Percentage of marks in Physics, Chemistry and						
	he name and address of the institution through which the						
	andidate presented for the qualifying examination						
25. N	No. & Date of T.C						
	Whether a recipient of scholarship/fee concession? fyes, specify details						
DECLARATION							
Ihereby declare that I have carefully read the conditions for admission and that the information furnished are true. If admitted, I undertake to abide by the rules and regulations of the Institute and to actively participate in all the curricular and co-curricular programmes.							
Place Date :		Name & Signature of the Applicant					
	DECLARATION						
I hereby declare that I have known the financial obligation of my ward and I can afford to pay all the costs and undertake to pay the							
tuition and other fees payable on time to the Institute as per the rules. I am aware that the fee once paid to the Institute for admission will not be refunded in case he/she does not join the course, he/she discontinues the studies, he /she is expelled from the Institute for any reason and I have to pay the full fees if the candidate discontinue the course. I also stand by the declaration given to the Institute by my son / daughter / ward.							
Place: Date: Name & Signature of the Pare			nature of the Parent /	Guardian			
Attest	ed copies of the following Certificates to be attached	For Office Use only					
	st page of SSLC						
Mark list of Qualifying Examination Community Certificate in case of SC/ST/OBC candidate							
	,						
Date:	L						
Statio	n: Admitte	Admitted / Not admitted					

Principal