

AWH INSTITUTE FOR PARAMEDICAL COURSES

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

Passport
Size
Photo

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

No.

1. Name of the Candidate	In English (in block letters)	
	In mother tongue	
2. Permanent Residence Address		3. Address to which communications are to be sent
Pin:	Ph:	Pin: Ph:
Phone:		Phone:
4. Sex: Male / Female	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 Address of Parent / Guardian		Relationship with the applicant
		Occupation
		Phone
Pin:	Ph:	
16. Name and Address of Local guardian		Relationship with the applicant
		Occupation
		Phone
Pin:	Ph:	
17. Name of Mother		
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		

