ATHARV INSTITUTE OF ALLIED HEALTH SCIENCES

ADMISSION APPLICATION FORM

AFFILIATED BY: BSS CHENNAI

Address: 3-A, Pocket - SG, Dilshad Garden Delhi - 95 Website: www.aiahsindia.com, E Mail: aiahsindia@gmail.com Dh : 011-22502172 Mobile No : 0873270780 065///6625

To be	~ f	illo	d h		. n di	4-4	~ ~								500,000						JZI			101100						
To be filled by candidate neatly and legibly in his/her own handwriting with the ball														##! 	Jen	(III	DIC	JCK	Leue	गड										
Name of Programme [Full Name (In English)																														
- UII 1	Na	IIIIe	(111		yıısı T	<u>''</u>	Г	Г	Т	I	ſ	0.0		1	1		1	ı		1	l T				Λ 4	Ev.	aalf	~#+ <i>-</i>	estec	,
												-			Ai				ssiec	1										
Father's Name (In English)																		rec												
																1.5	ort s		į.											
Mother's Name (In English)															pt	noto	ogra	ıph	here	:										
									6			- 98																		
Date of Birth (DD/MM/YYYY) Place of Birth																														
	T																					T				П	T	Γ		
 O-					<u> </u>	늑			_	٦.	<u> </u>		<u>. </u>	l	L	1			1			 1		 T	<u> </u>	<u> </u>		<u>J</u>		
Sex Male Female Marital Status: Married Unmarried																														
Nationality: Indian Other Category Gen SC ST OBC PCH																														
Permanent Address (Including Tehsil, Distt., City)																														
	aı	i e n	. A	Jule	:55	I	luuli	ıy	ens)II, L	JISIL	., C	ity)									Т				Ī	1			
	_													<u> </u>	l										<u> </u>					
			M20													70 0							20 254							2 - 9/23
State	Ī						VII. 1000										2 1000	<u> </u>			n:.		الديد	_ [<u> </u>	_		1		ヿ゙
	L	1 1000 10	781 BR		10127	!				200		22						22	20		Pir	Pin Code								_
Present / Address Postal Address (Including Tehsil, Distt., City)														r	<u> </u>	г	Γ.	- 1												
	Ī																			-			Ī						T	٦
	1		T		 1	7	<u> </u>	Т	<u> </u>	ī	1	 T	r			T	<u> </u>	L	<u> </u>	1	<u> </u>	-			L .	l T	<u> </u>			ᄅ
State	9	<u></u>		<u></u>	1_				<u> </u>	⊥_	<u> </u>	_									∫ Pi	n C	n Cod		_	<u>.</u>				
Mobil	е	Г	E Mail ID												-															
		L. ons		ualit	ficat	lion	/A++			If Δ1	tost						L							J. 355	-				-7/1	
Educational Qualification (Attach Self Attested Copy of Certificates) S.No. Examination Passed Board University Year Passing T															2			15		•	_									
S.N	<u>о</u>		Examination Passed								Board University							Year Passing To				Total Marks				P	Percentage			
		i.																												
Г	70		ratio		Lha	roh	v de		ro +	L hot	Lba		n i b	mitt.		n le r	051		nlle	oti c	n fo		~~i		4h	<u></u>	<u> </u>	inf-		
Declaration: I hereby declare that I have submitted only one application form and all the above information are correct & true to the best of my knowledge and belief. In case of any discrepancy you are entitled to													υn																	
cancel my candidature at any time.																			•		8		- F							

Place

Date

Signature of Candidate