INDIAN INSTITUTE OF ALLIED HEALTH SCIENCES

Indian Institute of Allied Health Sciences

Email: info@iiahs.in, website: www.iiahs.in

ADMISSION FORM

(Fill in BLOCK letters only)

Photo

Enrollment No:

Academic year

Course and Specialty Applied for

Name of the Applicant (as in the Birth Certificate or Marks card of Standard X Exam)

Father's Name

Sex: **Male** **Female** Date of Birth & Age: Date Month Year Age

Nationality

Address for Correspondence (Do not repeat name)

Phone No. **Mobile No.**

Email ID:

Details of Educational Qualifications (From X Standard onwards)

S.No.	Name of the Qualifying Exam.	Month & Year of Passing	Name of the School / College	Name of the University / Board	Subjects	% Obtained

Employment Details:

a) Employed: (Tick) Yes ☐ No ☐

b) Designation

c) Name of the Company / Institution

d) Address:

Fees Payment Particulars:

a) Cash ☐ b) DD ☐ c) Cheque ☐

a) Name of the Bank

b) DD / Cheque Number

c) DD / Cheque Date

Rupees (in words)

DECLARATION

I hereby declare that, the information furnished herein are true and correct to the best of my knowledge and belief. I have read the prospectus and the rules and regulations of the University. In case any information furnished is found Incorrect, at any stage I agreed to forego the claim for admission.

Terms & Conditions:

a) Xerox Copy of Mark sheets and Certificates in proof of all examination passed should attach.
b) The Application form along with the Bank Draft should be sent to the Institute through Courier/Speed Post.
c) Fees once paid is non refundable under any circumstances.
d) Payment by D.D. & Cheque should be made in the favore of Indian Institute of Allied Health Sciences Payable at Delhi.
e) Cash payment receivable against money receipt at Corporate Office Only.
f) In Case of any Disputes jurisdiction will be at New Delhi/ Delhi Corporate Office Only.

Date:
Place:

(Signature of the Branch Head) **(Signature of the Applicant)**