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(HOSPITAL AND POSTGRADUATE INSTITUTE OF SRI KANCHI SANKARA HEALTH AND EDUCATIONAL FOUNDATION)

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|      |                         |                         |                                      |              |
|------|-------------------------|-------------------------|--------------------------------------|--------------|
| Sex: | <input type="radio"/> M | <input type="radio"/> F | Date of Birth: DD:      MM:      YY: | Nationality: |
|------|-------------------------|-------------------------|--------------------------------------|--------------|

Religion: SC/ST/OBC [Documents to be furnished]:

Marital Status: Religion:

Payment Details

Particulars of Demand Draft

**Note: The candidate should write his/her name and Roll No of last Exam appeared on the reverse of the demand**

Name of the School/ College last attended

  

Name of the Examination

Roll No

Reg. No.

Year of Passing:

Marks obtained in H.S/Equivalent Examination

| Subject        | Physics |      | Chemistry |      | Biology |      | Eng. | % | Div |
|----------------|---------|------|-----------|------|---------|------|------|---|-----|
|                | Theo    | Prac | Theo      | Prac | Theo    | Prac |      |   |     |
| Full Marks     |         |      |           |      |         |      |      |   |     |
| Marks obtained |         |      |           |      |         |      |      |   |     |

Language Proficiency:

Knowledge of English:

Speak

Read

Write

I do hereby declare that the information furnished above are correct to the best of my knowledge. If any misrepresentation of facts is detected, I shall forfeit my claim to a seat in the Institution. If admitted, I shall abide by the rules of the Institution.

Place –

Date –

*(Signature of the Applicant in full)*

**Declaration of the Parent/Guardian**

I, parent/guardian of Shri/Shrimati.....do hereby declare that in the event of he/she being admitted to Sri Sankaradeva Nethralaya, I shall be responsible for his/her conduct and regular payment of college dues and regular attendance of classes. I also undertake to withdraw him/her from the Institution, if the concerned authority decides that such withdrawal is necessary in the greater interest of the Institution.

Place–

Date–

*[Signature of the Parent/Guardian in full]*

Enclosure

Note: Self attested photocopies of the following should be enclosed with the application form

1. HSLC Certificate (10)
2. HSSLC Certificate (10+2)
3. Passport size photograph(2 copies)
4. Payment of fees can be made through cash/DD
5. Demand Draft should be in the name of "Sri Sankaradeva Nethralaya" payable at Guwahati.
6. Copy of PRC
7. Caste certificate
8. Common Entrance Exam (CEE) Marksheet

Filled in application form with enclosures to be forwarded to:

**CONVENOR, PARAMEDICAL EDUCATION COUNCIL**  
**Sri Sankaradeva Nethralaya**  
**96, Basistha Road**  
**Guwahati – 781028**  
**Assam, INDIA**

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For Official Use Only

Name of the Applicant:

Roll No:

Date of Receipt of Complete Application:

Payment Received :

Documents Verified:

***Signature with Seal:***

***Senior Academic Coordinator (Sri Sankaradeva Nethralaya, 96 Beltola Basistha Road, Guwahati -28, Assam)***