

# + MANSA INSTITUTE OF MEDICAL & HEALTH SCIENCES +

## MEDICAL & HEALTH TRAINING CENTRE



Affiliated to : NIOS, MHRD, GOVT. OF INDIA, NOIDA, DELHI-110002  
रा.मु.वि.स., मा.सं.वि.मंत्रालय, भारत सरकार, नोएडा, दिल्ली-110002

**37-38, Uttam Nagar, Kalwar Road, Govindpura, Jaipur (Raj.) 302012**

### Admission Form Vocational Health & Para Medical Services

Full Name (In Capital letters) : .....	PHOTO
Ukke ijk mi uke I fgr % .....	
Father's Name (In Capital letters) : .....	
fi rk dk uke % .....	
Mother's Name (In Capital letters) : .....	
Ekk rk dk uke % .....	
DOB/ tle fnukd (DD/MM/YY) : .....	SEX : MALE/ FEMALE
Full Address (In Capital letters) : .....	
i wkz i rk Oku uEcj I fgr % .....	
Mobile Number (dkbz nks) : 1 .....	2 .....
Course Name (Tick mark) : <input type="checkbox"/> CCCH - COMMUNITY HEALTH <input type="checkbox"/> CCAT - AYURVEDA <input type="checkbox"/> CCHD - HOMEOPATHY	
Education Qualificatoin (; kX; rk) : .....	
Other Qualificatoin (vU; ; kX; rk) : .....	

I hereby declare that the above mentioned particulars are correct to the best of my knowledge. I am ready to train myself obeying all the rules & regulation, any defeault will cause a panalty of Rs. 500/- (Rupees Five Hundred Only) and signing hereunder being agreeable with all condition thereof.

Date/ fnukd

Signature/ gLrk{kj