



# INTEGRAL

## ALLIED HEALTH SCIENCE

### इंटीग्रल एलाईड हेल्थ सायन्स

One Step More Education

#### APPLICATION FORM

To,  
THE REGISTRAR,  
INTEGRAL ALLIED HEALTH SCIENCE

Corp. 434, Rudra Business Park Opp. Kashinath Park  
Mahadev Nagar Tekra VASTRAL Ahmedabad (Gujarat)-382418.

Note: All entries must be filled in by the candidate himself / herself in CAPITAL LETTERS.

Enrolment No. : .....

(Leave Blank)

Lateral Entry ☐

Session:

2 0

Signature of the candidate (in the box)

Program Applied for : ..... Specialization (Wherever applicable) : .....

Student Category ☐ INDIAN ☐ NRI/INTERNATIONAL

(Fill information below as per Secondary / Senior Secondary Certificate)

Name of the Candidate

Father's Name

Mother's Name

Correspondence Address (Please mention the address where you would like to receive your Study Material)

Correspondence Address

City

State

Pin

Country

Tel.

Mob.

S T D Do not begin with zeros

E-mail

Alternate E-mail

(Please fill if different from Correspondence Address or write "SAME AS ABOVE")

Permanent Address

Pin

Mob.

S T D Do not begin with zeros

Note: All Communications will be mailed at the above address.

Date of Birth

(Attach proof of age)

DD MM YY

Nationality: INDIAN

☐

Others

☐

Specify Name.....

Male

☐

Female

☐

Category

GEN

☐

OBC

☐

SC

☐

ST

☐

SBC

☐

Others

☐

Urban

☐

Rural

☐

Married

☐

Unmarried

☐

Widow

☐

Emp.

☐

Un-emp.

☐

(Put a tick mark in the appropriate box.)

## ACADEMIC EDUCATIONAL QUALIFICATIONS

| S. No. | EXAMINATION               | BOARD / UNIVERSITY | YEAR | % MARKS | SUBJECTS |
|--------|---------------------------|--------------------|------|---------|----------|
| 1      | 10th (Secondary)          |                    |      |         |          |
| 2      | 10 + 2 (Senior Secondary) |                    |      |         |          |
| 3      | Graduation                |                    |      |         |          |
| 4      | Post Graduation           |                    |      |         |          |
| 5      | Any Other Qualification   |                    |      |         |          |

## EMPLOYMENT DETAILS

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

Total Service (Years)  Current Designation

Office No.:  Official E-mail

## COURSE ENROLLED

Program Code.  Program Name.  Specializations

**Mode of Payment** ☐

DD No.  Date  Bank Name  Amount

Online Transaction ID.  Date  Bank Name  Amount

**Post Dated Cheques (PDCs)** ☐

Cheque No  Date  Bank Name  Amount

## Payment Deposit by RTGS/NEFT/DD Favour in :-

**Self Attested photo copy of following Documents Attached herewith (Please Tick) :**

- ☐ 10<sup>th</sup> Mark sheet ☐ 12<sup>th</sup> Mark sheet ☐ Degree Certificate ☐ Diploma Certificate ☐ Provisional Certificate  
☐ All Year Degree Mark sheet ☐ Marriage Certificate/ Name Change Document ☐ Photographs 3 nos  
☐ Copy of Passport (For NRIs) ☐ Govt. Photo Identity ☐ Letter of Undertaking

I hereby declare that I have read and understood all the terms and conditions mentioned above and accept them.

## UNDERTAKING

- I have understood the payment terms, Institute Guidelines, other terms and conditions and agree to abide by the **INTERGRAL ALLIED HEALTH SCIENCE** policy and guidelines from time to time
- All documents submitted are true copies, if found illegitimate, admission can be forfeited without any refund
- I agree not to countermand and to honor all the post dated cheques enclosed by me/submitted by me towards the Installment Facility
- I understand that in case I withdraw from the program I will not be entitled to claim any refund of amount paid.
- I agree that I will settle the amount with IAHS whether or not I continue in the program, I understand the Jurisdiction for all dispute (if any) relating to the Institute is only/exclusively Ahmedabad, Gujarat, India.
- I hereby declare that the information provided by me in the Application is true and correct to the best of my knowledge
- My signature below certifies that I have read understood and agree to the rules and regulations, including "Legal Aspects" and my financial responsibilities
- Submission of Fees and Admission form does not mean that admission is confirmed. The admission will be treated as enrolled only after Registration Number has been generated by College.

Place : \_\_\_\_\_ Date :     /     /20\_\_\_\_.

Signature of The Applicant \_\_\_\_\_