COUNSELING FORM

INTEGRAL ALLIED HEALTH SCIENCE

Collaboration with
NAAC GRADE A+
Accredited University

EDUCATION FOR ALL

COUNSELING FORM

To,
THE CHAIRMAN
INTEGRAL ALLIED HEALTH SCIENCE
Corp. 434,Rudra Business Park Nr.Metro Railway Pillar No-125 Mahadev Nagar VASTRAL Ahmedabad (Gujarat)-382418.

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

Signature of the candidate (in the box)

Lateral Entry ☐ Session: 2 0 ☐ ☐

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) D D M M Y Y Y Y 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.)

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 :-

Accoun Name : INTEGRAL ALLIED HEALTH SCIENCE
Account Type : CURRENT
Bank Name : PUNJAB NATIONAL BANK
Branch : Vastral
A/C No. : 9556002100001195
IFSC Code : PUNB0955600

SCAN & PAY

UPI ID: 9909666604m@pnb

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

☐ 10th Mark sheet ☐ 12th 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

1. I have understood the payment terms, Institute Guidelines, other terms and conditions and agree to abide by the **INTEGRAL ALLIED HEALTH SCIENCE** policy and guidelines from time to time
2. All documents submitted are true copies, if found illegitimate, admission can be forfeited without any refund
3. I agree not to countermand and to honor all the post dated cheques enclosed by me/submitted by me towards the Installment Facility
4. I understand that in case I withdraw from the program I will not be entitled to claim any refund of amount paid.
5. 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.
6. I hereby declare that the information provided by me in the Application is true and correct to the best of my knowledge
7. My signature below certifies that I have read understood and agree to the rules and regulations, including "Legal Aspects" and my financial responsibilities
8. 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 Applicant _____