



UNIVERSITY COLLEGE OF HEALTH SCIENCES

"Transforming dreams into reality"

A-1755, Green field colony, Faridabad-121003(HR)

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AFFIX FOUR
SELF ATTESTED
PHOTOGRAPHS

PERSONAL DETAILS

1. Surname: First Name:

Middle Name: (Write in capital Letter)

2. Father's/ Husband's Name:

3. Mother's Name:

4. Gender: Female Male

5. Marital Status: Single Married

6. Date of Birth: (Attach copy of School Certificate)

7. Nationality:

8. Contact No.....Email ID:.....

9. Present Address.....

.....

10. Permanent Address.....

.....

11. General Qualification:

12. Name & Address of the Employer (if working presently).....

.....

13. Registration Fee Paid by Cash/Cheque/DD No. Dated..... Drawn on.....

(DD/ Cheque need to be made in favor of "UCHS India Private Limited" payable at Faridabad)
(Registration Fee – 200 Rs /-)

14. Program of study you prefer to choose:
.....

I hereby declare that the information given above is true to the best of my knowledge and that there are no instances of adverse professional conduct against me that could render me ineligible for registration as.

Date.....

Place.....

Signature of Applicant

Note: please submit Self attested copies of all mark sheets/Certificates along with application form.

For Office Use Only

Application Checked by.....

Registration fee paid Vide receipt No..... Date/...../.....

Registration Number Allotted.....

Date.....

Place.....

Signature of coordinator