



Transforming dreams into reality

UNIVERSITY COLLEGE OF HEALTH SCIENCES

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

Please
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passport
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Registration Form for International Talent Search Examination

Name:

Father's/ Husband Name:

Date of Birth:

Qualification:

.....

Postal Address for Correspondence:

.....

Contact No. :

E mail ID:

Name & Address of the Institution where nursing education pursuing/ obtained:

.....

Program of study pursuing/completed/ (B.Sc/GNM/ANM/MPHW):

Subject or Topic areas you prefer to choose:

Certificate Course in Operation room Nursing	
Certificate Course In Cardio Thoracic Nursing	
Certificate Course In Neurology Nursing	
Certificate Course In Critical Care Nursing	
Certificate Course In Emergency & Disaster Nursing	

Certificate course in neonatal nursing	
Certificate course in obstetrics nursing	

Payment Details

By Cash/Cheque/DD No..... DatedDrawn on

DD need to be made in favor of **UCHS India Private Limited** payable at **Faridabad**.

(Registration Fee – Rs. 150/-)

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