

# AMBEDKAR INSTITUTE OF HEALTH EDUCATION

(A Unit of Ambedkar Seva Santhan)

Binodpur, Katihar - 854105

Sl. No.

## APPLICATION FORM



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1. SESSION

2. CHOICE OF COURSE

3. MEDIUM EDUCATION  Hindi  English

4.  MARRIED  UNMARRIED

5. COMMUNITY  UR  OBC  SC  ST

6. NAME OF CANDIDATE (As recorded in Matriculation equivalent certificate)

7. FATHER'S / HUSBAND'S NAME

8. MOTHER'S NAME

9. ADDRESS FOR CORRESPONDENCE

Phone No.

Pin

10. DATE OF BIRTH DD/MM/YYYY

11. SEX -  M  F

12. DETAILS OF EDUCATION QUALIFICATION

Exam Passed	Board / University	Year of Passing	Marks Obtained	% of Marks	Medium Education
MATRIC					
INTER					
B.A./ B.Sc./B.Com					
DIPLOMA/DEGREE					

I.P.O. / Bank Draft Fee

I.P.O. / D.D. No.

DECLARATION BY CANDIDATE :-

Date -

I hereby undertake I have filled this from myself and to the best of my knowledge and belief the particulars given are true. I hereby undertake to abide by all the conditions, rules and regulation in force at present and also these which may hereafter be introduced for the administration of the Institute. I also undertake that as I am a student of this Institute, I will do nothing unworthy of student of the Institute either inside or outside anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expect me for disinterest in studies, misbehavior and continuous failure in study of A.I.H.E., Katihar I certify that the information furnished above

Signature of Parent

Signature of Candidate

### Call Letter Receiving/Admit Card (Office use)

Received the Admission Form of Course

Name.....

Exam./Admission Date.....

Exam./Office Time..... Roll No.

Centre.....

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Office Stamp Signature