Central Council of Health and Paramedical Science

An Autonomous Paramedical Educational Council

Office Address : B-681/9, S.R. Colony, Rajiv Nagar, Delhi-110094 web: http://lhcims.org

ADMISSION FORM

Affix Colour Passport Size Photograph

Sr. No.-

Center Code :.....

Name of the Institute: .....

(To be filled by the applicant in his/her own handwriting with Blue/Black Ball Pen in block letters. Incomplete or illegible form will be rejected.)

Course Applied for : _____

Applicant's Name

Father's Name

Mother's Name

Permanent Address

PIN

Telephone No. (R) (M)

Name of the Guardian
(in case Father is not the Guardian)

Guardian's relationship with the applicant

Guardian's Telephone No. (R) (M)

Present Address

PIN

Telephone No. (R) (M)

Email ID

Date of Birth

D D M M Y Y Y Y

Sex Male ☐ Female ☐

Religion

Caste General ☐ SC ☐ ST ☐ OBC ☐ Others ☐

Academic Qualification

Examination	Board / University	Year of Passing	Total Marks obtained	% of Marks obtained	Division / Grade
Matriculation (10th)					
Sr. Secondary (10+2)					
Graduation					
Others					

Professional Qualification (if any)

Experience (if any)

I ..... hereby declare that the details furnished above are true, complete and correct to the best of my knowledge. The institute has full right to cancel my application or enrolment if any information is found incorrect or incomplete. I also accept liability for payment of all fees and understand that any fee once paid to CCHPS during the admission or afterwards, will not be refunded under any circumstances, except when the course is cancelled by Management.

Place :

Date :

_____
Signature of Applicant

TO BE FILLED IN BY PARENT / GUARDIAN

I Mr./Ms. ..... Parent / guardian of ..... hereby declare that the above particulars furnished by my son / daughter are true to the best of my knowledge and belief and I have no objection in him / her seeking admission. I also agree to abide by the rules of the CCHPS in this regard.

Place :

Date :

_____
Signature of Parent / Guardian