

BHARAT

Educational Trust & College of Allied Health Science

(Regd.)

Pala, Andoor (Pala-Vaikom route)

Phone: 9447507858, 04822 250310

E-mail ID: info@bharatcollegepala.in

website: www.bharatcollege.org

APPLICATION FOR ADMISSION

Affix a
Passport
Size
Photograph

App No	Date		
Admission No:			
University / Board:			

For Office Use Only

1.	Name	
2.	Course	
4.	Year of admission	
5.	Academic duration	
6.	Certificates received from the Candidate	
7.	Remarks if any	

Verified by

Signature of the Head of the Institution

INSTRUCTIONS TO CANDIDATES

- Candidates are kindly advised to read the application and prospectus thoroughly before filling in the form.
- 2. All communications should be addressed to the head of the institution.
- Candidates are kindly advised to attach all relevent documents and their attested xerox copies along with this application form.
- 4. Registration of the candidate does not automatically guarantee admission.

1.	Name of the Student (In BLOCK LETTERS as given in 10th/SSLC Certificate)	:)			•••••		
2.	Date of Birth (Date/Month/Year) (as given in 10th/SSLC Certificate)	:					
3.	Name of Father	:					
4.	Occupation of Father	:					
5.	Name of Mother						
6.	Occupation of Mother	·					
7.	Name of Guardian	:					
8.	Contact Number of Guardian	:					
9.	Address for Communication :						
R	esidential Address/Correspondence Addre	ss		Permanent Addr	ess		
	strict:		+	District:			
31	ate:	T	1	State:	PIN		
Pł	none:			Phone:			
М	obile No. (1):			Mobile No. (1)			
М	obile No. (2):		_ -	Mobile No. (2)			
E	mail. ID:			Email. ID:			
10.	Gender	: [Ma	ale F	emale	e Transgender	
11.	Physical disability, if any (Please spe	cify)	:				
12.	Marital Status	:					
13.	Nationality	:					
14.	Blood Group	:					
15.	Religion						
16.	Community & Caste	:					
17.	Hostel Accommodation	:	F	Required		Not Required	

18. V	Vrite the Course se	lected for study:	Diploma	Degree	PG
	Lateral entry	Yes	No		
T		DECLARATIO	N BY CANDIE	DATE	
stage the of the elements be processed that I we	nat there is any sup ligibility criteria as p eeded, against lega e to make good any ould lose all rights a	articulars given in the pression, distortion or per the university/boarly, even leading to make lose that may be cause and claims consequent tration or political activation.	r incorrect or false so rd as mentioned in by dismissal from the sed due to my conve ntly whatsoever. I fa	statement or data. I a the prospectus. I he e institution/hostel a ert or overt action a	am fully aware ereby agree to and would also nd I also agree
Place		Date	Name & S	Signature of the C	andidate
	DEC	LARATION BY	PARENT/GU	ARDIAN	
Parent/0	Guardian of by declare that all th	e information given he	erein are true and co	orrect. I authorise th	e institution to