SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

APPLICATION FORM

(TO BE FILLED IN BY THE APPLICANT IN HIS/HER OWN HAND)

> Paste securely your 35x35 mm size color photograph, then sign and get it attested.

1) POST APPLIED FOR: Staff Nurse ☐   Lab Technician ☐

    Security Guard ☐   Safai Sewadar ☐

2) Demand Draft No._____ Date _____

3) Full Name of the candidate _____

4) Date of Birth (DD/MM/YYYY) ☐☐/☐☐/☐☐☐☐

5) Sex -   Male ☐   Female ☐

6) Father's / Husband's Name: _____

7) State of Domicile: _____

8) Permanent Address:_____
    _____

9) Correspondence Address:_____
    _____

10) Mobile No. _____ Phone No. _____

11) Experience: _____

12) Particulars of the Qualifying Examination

School/ College	Subjects	Year/ Session	Marks

DECLARATION

    I declare that I have filled in this application form in my own hand. I fully understand that if the information given herein by me is found to be incorrect at any stage, my admission to the course if granted shall stand cancelled.

Place: _____   _____

Date: _____   **(Signature of the candidate)**