

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: Account Officer
- 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: _____
(As Per ID Proof)
- 9) Correspondence Address: _____
- 10) Mobile No. _____ Phone No. _____
- 11) Experience: _____
(Attach Proof, If Any)
- 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)

Note: Must attach self attested copies of Certificates for proof of Date of Birth, Mark Sheet, Degree, Experience etc.