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: Computer Programmer ☐   Dresser ☐

   Assistant Computer Operator ☐   Driver ☐

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) ID Proof Attached: _____ Mobile 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.