

Form No.....

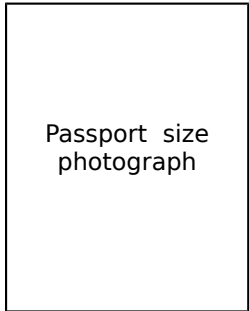
LAKESHORE HOSPITAL & RESEARCH CENTRE LTD.

NH - 47 BYPASS • MARADU • NETTOOR P.O

Pin - 682 040 • Ph. No: (0484) 2701032/33

Lakeshore Institute of Health Sciences

**Application Form for Admission into 2018 - 2019 Session
(To be filled by the Applicant in Block letters)**



COURSE APPLYING FOR :

General Information

1. Name (as per the record) :
.....

2. a) Address(for communication) :
.....
.....
.....

Phone No. :

b) Permanent Address :
.....
(If other than address for communication)

Pin :

Phone No. :

**3. Guardian (Father's/mother/
Husband's name)** :

4. Nationality : Indian/.....(if other than Indian specify)

5. Sex : Male Female

6. Date of birth

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7. a) Educational Qualifications:

Board/University	Examination Passed	Year	Subjects Offered	% of Marks Obtained	Div./Classes	Remarks

8. Co-curricular Activities (Please specify):

9. Experience if any:

Name of the Establishment	Duration	Post held

10. Declaration by the Applicant: I hereby declare that the details filled in the application are true to the best of my knowledge and belief. In case any information is found incorrect, my right to admission will be summarily rejected. I solemnly state that I shall abide by the rules, regulations and discipline of the Institute in and outside the campus failing which I may be liable for action by the Management.

Date.....

.....
Signature of Applicant

11. Declaration by Guardian: I am aware of financial obligations of applying to and studying at this Institute and I undertake to pay the tuition and other fees payable to the Institute under its rules. I also affirm that my ward will conform to all the rules and regulations of the Institute.

Date.....

.....
Signature of Guardian

For Office Use Only

Date of Receipt (DD/Cash) MM YY

Documents submitted : 10 Mark sheet Birth Certificate

+ 2 Mark sheet Domicile Certificate

Graduate Mark sheet

Admitted

Not Admitted

Remarks:

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Signature of Course Director