



HOLY FAMILY HOSPITAL

Okhla Road, New Delhi - 110025



AFFIX ATTESTED PHOTO

APPLICATION FOR ADMISSION TO SCHOOL OF X-RAY TECHNOLOGY AUGUST 2019.

(To be filled-in by the applicant in own handwriting)

1. Name in Full _____
(in block letters as in school certificate)
2. Father's Name _____
(in block letters as in school certificate)
3. Date of Birth _____
(as in school certificate)
4. Sex _____
5. Marital Status _____
6. Height _____ Cms.
7. Weight _____ Kgs.
8. (i) Religion _____ (ii) Denomination _____
9. Do you belong to Scheduled Caste/Tribe/OBC? _____
(attach copy of certificate as authentic proof)
10. State to which you belong/Mother tongue _____
11. Personal marks of identification (I) _____
(II) _____
12. Permanent Address _____

13. Educational Qualifications _____
14. Medium of Education _____

Examination	Year of Passing	Board/Council/University	Subjects Taken in 12th	Marks obtained in each Subject in 12th	No. of attempts
12th					
			Physics		
			Chemistry		
			Biology		
Others					

15. Awards/Certificates/Medals received for Curricular/Extra-Curricular activities :
 - (1)
 - (2)
 - (3)

16. Present Postal Address _____

17. Parent/Guardian :
 (a) Name _____
 (b) Relationship _____ (c) Occupation _____ (d) Monthly Income _____
 (e) Full Address _____

 (f) Nearest-Railway Station _____ (g) Telephone Number if any _____
18. Local Guardian :
 (a) Name _____
 (b) Relationship _____ (c) Occupation _____
 (d) Address _____

 (e) Telephone Number if any _____
19. Name and Address of three references
 (a) Headmaster/Headmistress/Principal of School/College last attended

 (b) Parish Priest/Vicar (in case of Christians)

 (c) Unrelated respectable person who knows the applicant personally.

20. List of Copies of certificates to be attached alongwith application (please tick accordingly)
 (a) Matriculation/SSLC Mark Sheet (f) Conduct Certificate from Principal
 (b) Matriculation/SSLC Pass Certificate School Last attended.
 (c) 12th Class Mark Sheet (g) Recent Passport size attested photograph
 (d) 12th Class Pass Certificate (f) Copy of Aadhar Card
 (e) Proof of Age

DECLARATION

1. We have gone through the prospectus and are fully aware of the financial arrangement to be made available for this course and agree to the conditions stated in the prospectus.
2. We also declare that the statements stated here are true.
3. We accept all the rules and regulations mentioned in the prospectus.

Signature of Parent :

Signature of Applicant :

Full Name :

Full Name :

Address :

Address :

Note : The application should be complete in all respects. Incomplete applications will be rejected. Completed application along with self attested copies of certificates should reach The Director, Holy Family Hospital, Okhla Road, New Delhi - 110025 before : 4th July, 2019