



# BEHALA INSTITUTE OF ALLIED HEALTH SCIENCES

2C/6, Ho-Chi-Minh Sarani, Sanjib Pally, Behala, Kolkata-700034.

(Approved by BSS, PBSSD-DTET&SD-Govt. of West Bengal)

Approval No: BSS (WB/032) & PBSSD/TP/BIAHSCI/027



PHOTO

## ADMISSION FORM

Course:

Session:

1. NAME -----
2. FATHER'S NAME-----
3. MOTHER'S NAME -----
4. ADDRESS -----  
-----PIN-----
5. CASTE: - GEN / SC / ST / OBC / OTHERS
6. PANCHAYET/WARD-----
7. BLOCK-----SUB-DIVISION-----
8. DATE OF BIRTH -----E-mail:-----
9. CONTACT NUMBERS (i)----- (ii)-----
10. QUALIFICATION-----
11. AADHAR NUMBER-----
12. DOCUMENTS ATTACHED (Photocopies)

- a. Photo (b) Aadhaar (c) Voter Card (d) Admit, Marksheet & Certificate of 10<sup>th</sup> (d) Bank A/C details

I DECLARE THAT ABOVE MENTIONED INFORMATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ALL THE SUBMITTED DOCUMENTS ARE GENUINE. I KNOW THAT THIS IS A VOCATIONAL, PVT. ORGANISATION PLACEMENT LINKED SKILL DEVELOPMENT TRAINING COURSES ONLY. ONLY BONAFIDE & SUCCESSFUL CANDIDATES WILL BE CONSIDERED FOR PLACEMENT ASSISTANCE IN PRIVATE HEALTHCARE SERVICE SECTOR ANYWHERE IN WEST BENGAL. PARTIALLY PAID COURSE FEE WILL NOT BE CLAIMED AS RIGHT TO CANDIDATURE. ONCE MONEY RECEIPT IS ISSUED IS NON-REFUNDABLE AND NON-TRANSFERABLE.

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(Signature of Candidate)

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(Signature of Guardian)

Remarks, if any: -