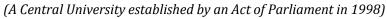
मोलाना आज़ाद नेशनल उर्दू यूनिवर्सिटी مولانا آزاد تيشتل أر دويو نيورش

MAULANA AZAD NATIONAL URDU UNIVERSITY





Application No.:

Application Form for the Paramedical courses Academic Year 2014-15

Affix recent passport size Colour Photograph

1. Name of the programme applied:				Ĺ
Please tick (✓) in the box for the programme opto	ed			
 □ Certificate Course in Dialysis Tech □ Certificate Course in Emergency M □ Diploma Course in Dialysis Techn □ Diploma Course in Emergency Me 	Iedical Technicia ician	n		
2. Application / Registration fee details:	a) Amount: R	s. 200/- b) Dat	te: /	. / 2014
	-	(SBI/IOB)	•	-
3. Name of the Candidate	:			
4. Father's/Guardian's Name	:			
5. Mother's Name	:			
6. a) Address for Communication	:			
				1:
b) Tel No. (with STD code)/Mobile No	:			
c) E-mail (The candidates should mention valid Mobile No				
d) Permanent Address	:			
			Pin	:
e) Domicile (District & State)	: District:		State:	
f) Region	: □ Rural	□ Urban		
7. Date of Birth (as per 10 th Class / SSC)	: (DD)	(MM)	(YY)	
8. Sex	:□ Male	☐ Female		
9. Nationality	: □Indian	□ Others		(Please specify)
10. Category	: □ General (for SC/ST & OE	□ SC BC enclose proof as p	□ ST per GoI norms)	□ОВС

11. Others (Sports & games / Children of Ex / NCC / NSS / Kashmiri Migrand	-service men / PWD	:(enclose proof)								
12. Knowledge of Urdu	:	:□Yes (if ye	s, enclose	e proof)	□No					
13. Qualifying Examination	details (please encl	lose photoco	pies of re	elevant ce	ertificates])				
Examination Passed	Name of the Board / University	Medium of Instruction	Year of passing	Maximu m marks	Marks obtained	Division	Aggregate percentage			
10th Class / SSC			· · · · · · · ·				, <u>g</u> .			
Intermediate / 10+2 Subjects: 1)										
2)3)										
4) 5)										
6)										
	<u>Declarat</u>	ion by the	<u>Applica</u>	<u>nt</u>						
I, hereby declare submitted in support of the University. I will n authorities is final and bi	ot indulge in rag	e true. I abi	de by th	ne rules,	regulatio	ns and s	tatutes of			
Place: Date:		Signature of the Candidate								
Checklist:										
 10th / S.S.C. / equivalent board ex 12th / Intermediate / +2 / equival Urdu Knowledge Certificate (for Three self-addressed (affix Rs. 22 Challan towards registration fee 	alent board examination Ma all programmes); ?/- on each envelop) envelop	rks Sheet (if appl	icable);							
Challan Verified	(<u>For</u> :	Office Use	Only)							
Recommendations	: Recomn	: Recommended / Not recommended for admission								
Remarks (if any)	:									
Signature of the Verification Officer				_	ıre of the f the Dep	artment				