



# स्टेट एलाइड एंड हेल्थकेयर काउंसिल लखनऊ STATE ALLIED AND HEALTHCARE COUNCIL LUCKNOW

## ENROLLMENT FORM

Enrollment no.....

Course Applied For .....

\* **Session-**

1. Candidate Name.....

2. S/o,D/o.W/o Shri.....

3. Mother's Name .....

4. Date of Birth .....

5. Sex .....

6. Nationality .....

7. Address .....

.....

8. Contact No. ....

9. Category Gen,OBC,SC,ST,Other (**Specify**).....

10. Email Id .....

11. Training Center-

11. Qualification:-

S.No.	Examination	Board/University	Year of Passing	Mark Obtain	% of Marks

PassportSize  
Photo

12. **Declaration:**-I have read and understood the rules and regulations of the State Allied and Healthcare Council and I agree with that. I fulfill the eligibility condition as laid down in the prospectus. All the information furnished above by me is correct. In case any thing is wrong I should be held responsible for that. I shall submit any other document(s) that may be required by the council in Future.

