



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

To

The Registrar
STATE ALLIED AND HEALTHCARE COUNCIL
LUCKNOW (U.P)

Application For Registration of.....

1. Name.....

2. Father Name.....

3. Mother Name.....

4. Date of Birth.....

5. Course Duration.....

6. Training Period (mm/yyyy) From.....To.....

7. Name of Training Centre.....

8. Permanent Address.....

District.....State.....PIN Code.....

9. MobileNo..... E-mailID.....

10. Final Year Roll No. /Regd.No. /Enrollment No.....

11. Name of the Institute/University.....



Enclosures

1. MarkSheet of Training (1st & 2nd & 3rd & 4th)
2. Degree/Diploma/Certificate
3. 10and(10+2)Marksheet & Certificate
4. NOC from Institute (Original)
5. Aadhaar Card
6. Affidavit
7. Photo-5
8. Smart Cardfee- 250/-

FOR OFFICE USE ONLY

Registration Fee.....Date.....

Receipt No.....Valid Date.....

Registration No.....

