|  |  |
| --- | --- |
|  |  Shalom New Life College of Health Sciences (Run by Kala Niketan Educational & Charitable Trust) |

APLICATION FOR ADMISSION TO:

 **Internship Training ( 3 months)**

Affix Latest Passport Size Photograph

 **Internship Training ( 6 months)**

 **Research leading to Publication**

 **Research leading to Patent**

**Application No.**

**PERSONAL PROFILE: (Please fill in “own handwriting” in capital letters)**

Name of the Applicant: ………….……………./…….………………………./…………………………

Male

Female

(First Name) (Middle Name) (Last Name) (as per Class X Record)

**Address (Present): Permanent:**

**…………………………………………………….……… ………………………………………………...........................**

**…………………………………………………………… …………………………………………………………………**

**…………………………………………………………… ………………………………………………………………… Ph:………………………………………………………. Email:…………………………………………………………** Local Guardian’s Name & Address : **……………………………………………………………………………………………**

**…………………………………………………………………………………**Ph**:..........…………………………………………**

Name & Address of the person to be notified in emergency**…………………………………………………………............**

**………………………………………………………………………………….**Ph**:………………………………………………..**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Birth**Day Month Year | Place of Birth | District | State | Nationality & Nativity | Religion & Caste | SC / STIf yes, specify |
|  |  |  |  |  |  |

Languages known (underline mother tongue) :

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Speak : **……………………………………………………………………………………………………………….**

Read : **………………………………………………………………………………………………………………..**

Write : **………………………………………………………………………………………………………………..**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FAMILY BACKGROUND****Father : Mother : Sisters :****Brothers :** | Name | Age | Education | Occupation | Annual Income |
|  |  |  |  |  |

**FOR OFFICE USE ONLY**

Admitted in : **…………………………………..**

Date : **…………………………………………. Principal**

School / College Last Attended ........................................................................................................................................................

Year: .....................................................City and State ……......................................................................................................................

## ACADEMIC RECORD: (Begin with Class X)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination(Specify Specializations) | Mention the School / College & Board / University | Year of Passing | % Obtained | No. of attempts |
| 10th |  |  |  |  |
| 12th / PUC / +2 |  |  |  |  |
| Degree |  |  |  |  |
|  Post Graduation |  |  |  |  |

### Particulars of Qualifying Examination (Degree)

#### Year / Semester Percentage

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I | II | III | IV | V | VI | VII | VIII | Total |
|  |  |  |  |  |  |  |  |  |

**Extra Curricular Activities :**

Awards Won: Sports:........................................................................................................................................................................

Literary & Cultural : .............................................................................................................................................

Any other : ..............................................................................................................................................................

# ---------------------------------------------------------------------------------------------

**WORK EXPERIENCE :** (Use additional sheets if necessary)

### Name of the Organization:......................................................................................... ...............................

From :**...............................................................................** To **......................................** .**..............................**

Address: **........................................................................................................... ...............................**

Designation : **.......................................................**Reporting to: **.................................. ..............................**

Job Description / Responsibilities: **............................................................................ ……………………..**

### …………………………………………………………….Salary last drawn :....................................................

**---------------------------------------------------------------------------------------------**

**Undertaking**

#### I, the undersigned, hereby undertake to uphold the philosophy and vision of SNLC and abide by, in letter and spirit, the rules and regulations of the Institution, at all times.

**Date : Parent’s / Guardian’s Signature Candidate’s Signature FOR OFFICE USE ONLY**

Fee paid : .................................................................... Challan/UTR No: ..................................................................................

Date : ............................................................................ Signature of Official : .............................................................................

### Office Seal