

Details of Qualified Exams (Attach Photocopies of mark sheets)

Name of the Institution/ Board/University	Register Number	Subjects	Marks obtained

Class to which seeking admission

I. Health Inspector Course

The particulars furnished by the candidate are true to the best of my knowledge. I shall be Responsible for the conduct of my ward during the period of course of study. I will accept the decision of principal in all matters of my ward as final.

Signature of the applicant : _____ Signature of the parent/ Guardian : _____
 Place : _____
 Date : _____

Documents to be submitted (3 set of photo copies to be attached)

SSLC Mark sheets	HSC Mark sheets	Transfer certificate
Community certificate	Proof of date of birth	Eligibility certificate
Migration certificate	Passport copy	Passport size photos

-----FOR OFFICE USE ONLY-----

Admitted to _____	E.C.No _____
Dated _____	PCI Reg. No _____
Remarks _____	Mig. Cert. No _____
Receipt no _____	Fees _____

Administrative In-charge

Principal