

# Dr. M. K. Shah Medical College and Research Centre

And

## Smt. S.M.S. Multi-Speciality Hospital

(Run by Sumandeep Vidyapeeth, Ahmedabad Campus)

Address: Visat - Gandhinagar Highway, Near Tapovan Circle, Chandkheda, Ahmedabad-382424, M  
- 7573949408, 7573949409

### APPLICATION FORM

CERTIFICATE COURSE OF PARA MEDICAL & HEALTH CARE PROFESSIONAL

(GUJARAT UNIVERSITY RECOGNISED)

Applied for Course: \_\_\_\_\_

(BLOCK LETTER)

Name of Student: \_\_\_\_\_

(BLOCK LETTER) \_\_\_\_\_

(Name as per 12<sup>th</sup> Mark sheet)

Recent  
Passport Size  
Photograph

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Pin Code: \_\_\_\_\_

Contact No.(Mobile): \_\_\_\_\_ Parent's Mob. No: \_\_\_\_\_

Email ID (In capital Letters): \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (Completed years)

PAN Card No: \_\_\_\_\_ Aadhar Card No: \_\_\_\_\_

Sr No.	Course Examination	Month & Year of Passing	Board & University	Total Marks	Percentage (%)	Attempt	Office Use
1	12 <sup>th</sup> STD						
2	Graduation						
3	Post Graduation						
4	Others						
5							

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Language Known:

Language	Speak	Read	Write
Gujarati			
Hindi			
English			

Documents Submitted (Tick mark attached one):

Sr No.	Name of Documents	Tick
1	School Leaving Certificate	
2	12 <sup>th</sup> mark sheets	
3	Higher Secondary Attempt Certificate	
4	Graduation mark sheets & Attempt Certificate	
5	Post Graduation mark sheets & Attempt Certificate	
6	Graduation Degree Certificate	
7	Post Graduation Degree Certificate	
8	Permanent Address Proof Copy	
9	Photo ID Proof	

### UNDERTAKING

I, \_\_\_\_\_ (Name) hereby solemnly declare that all information and enclosures given in this application are true and complete to the best of my knowledge and belief. I am also aware that if any statement made herein is found to be incorrect at any time either before or after admission, I will be liable to forfeit my seat and/or removal from the roll of the college at whatever stage of study. I may be, liable for criminal prosecution.

Place:

Date:

Name & Signature of Student