

Application Form for Admission to UG Programs 2018 – 19 ALLIED HEALTH SCIENCES

Course Preferred	1 st Choice	
	2 nd Choice	Affix recent Passport size photo
	3 rd Choice	
 Name of the ca (BLOCK LE 		:
2. Address for com	nmunication	:
		E-mail
3. Phone No. with	STD Code	: Mob :
4. Gender		: Male Female Others
5. Date of Birth		:
6. Age		:
7. Mother Tongue		:
8. Religion		:

9. Nationality	:		
10. Candidate's Aadhaar No.	:		
11. Name of			
(a) Father / Guardian	:		
(b) Mother	:		
Permanent Address	:		
Phone No. with STD code		Mob :	
	: Res. :		
Occupation of Parent / Guard	: Res. :	Mob :	
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Occupation of Parent / Guard Annual income of Parent / Gu 12. Qualifying examination pa (HSC/CBSE/ISCE/Othe	: Res. : ian : aardian : assed : er) :	Mob :	

List the name of the schools studied during the last 4 years :

Year	Name of the School	Board	State

13. Marks obtained in the qualifying examination (enclose self attested photo copy of the mark sheet)

Subject	Marks Obtained	Maximum Marks	Minimum Marks for Pass
English			
Physics (P)			
Chemistry (C)			
Biology (B)			
Botany			
Zoology			

DECLARATION

I,	(Full	Name	in	BLOCK	LETTE	RS) so	n /	daughter	/ wai	rd of
				he	reby	solem	nly	declare	that	the

information furnished and the statement given in the application form and enclosures are true, correct and complete.

Place :

Date :

Signature of the candidate

Signature of the Parent / Guardian

Note :

a) True copies of the mark sheets, certificates and the photograph in the application shall be self attested by the candidate. All originals for which attested copies enclosed in the application must be produced for verification at the time of counseling.

- b) The candidate should ensure that correct information is furnished by him/her in the application form.
 Upon scrutiny, if the information furnished by him/her in the application form are found to be Incorrect or false then,
 - i) He / She will forfeit the admission and the fees paid will not be refunded under any circumstancesii) Legal action may be initiated if deemed necessary.
- c) Application with incomplete details will not considered for admission
- d) The University will not be held responsible for any postal delay or loss in transit or incorrect address given by the candidate.
- e) Demand Draft of Rs.1,000/- should be paid in favour of the Registrar, Bharath Institute of Higher Education and Research payable at Chennai towards the processing fee.

Filled in application form shall be sent to : **The Registrar,** Bharath Institute of Higher Education and Research, No.7, Works Road, Chromepet, Chennai - 600 044, Tamilnadu, INDIA.

The schedule of Counseling will be updated in the website : www.bharathuniv.ac.in

Filling the application form

- 1 The application form should be filled in BLOCK LETTERS by the candidate's own handwriting using blue/black pen.
- 2 Affix recent colour photograph in the space provided in the application form.
- 3 Completed application form with DD enclosed should be sent to

The Registrar

Bharath Institute of Higher Education and Research No.7, Works Road, Chromepet, Chennai - 600 044, Tamilnadu, INDIA.

- 4 Incomplete application forms will be summarily rejected
- 5 Candidate must retain a photocopy of application form for future reference.

Counseling Instructions

The candidates will be called for counseling in the order of merit based on the marks secured in the qualifying examination. The prescribed fee and the following original documents with three sets of photocopies shall be produced at the time of counseling for admission.

- Mark Sheet of HSC / CBSE / ISCE
- Conduct Certificate from the institution last studied
- Transfer Certificate from the Institution last studied
- Proof of Date of Birth
- Community Certificate
- Migration Certificate (if necessary)
- Certificate of extracurricular activities (if any)
- 6 passport size photographs
- Aadhar card proof(photo copy)

Note :

The candidate is advised to check website for updates (www.bharathuniv.ac.in)