Readerny of Health So	Karnal	i Academy ^{Jumla, K} ADMISSION 2077/078	N FORM	Photograph
Program:				
Name in Block	k Letter			
नाम (देवनागरीमा)	•••••			
Date of Birth.	•••••			
	Day/Month	/Year (A.D)	Day/Month/Year (B.S)	
Sex: Male		Female		
MEC Commo	n Entrance E	xam Roll No		
MEC Commo	n Entrance E	xam Merit order		
MEC Commo	n Entrance E	xam Priority Orde	r	
Category				
1. Scholar	ship			
2. Paymer	nt			
3. Foreigr	l			
Sub-Category	7			
 Open Foreign Adibasi Female Dalit Khas Arya Backward Madesi Disable Muslim Madesi Muslim Fet 				

For Official use only

Date of Admission..... Administrator's Signature: Date:

CHECKLIST FOR DOCUMENTS TO BE ENCLOSED

SLC/SEE Mark Sheet & Certificates	
Intermediate Mark sheet and character Certificates	
Citizenship Certificate/passport.	
Photographs- 2 passport size	
Professional council License (where applicable)	
Bond paper	

 \triangleright others

Declaration by applicant

I wish to apply for admission to program run by KAHS. I do follow all the rules & regulation made by KAHS. I declare that to the best of my knowledge and belief, the above particulars are true.

Applicant's Signature _____ Date _____

Declaration by parent/guardian

I hereby declare that I am aware of the financial obligations of applying to and studying at the Program and I can afford and undertake to pay the total fees payable to the institution under its rules. I also affirm and endorse the declaration made above by my ward.

Signature of Guardians	Date
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KAHS Admission Form