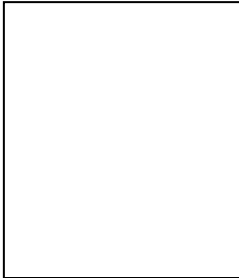




**Office no.65, sector 15, Gulmohar market, Noida
Regional office : NEDC, Advamed Hospital, Zirakpur, SAS nagar
Mohali
(Registered Under MSME)**



Registration Form

1. Name Mr./Mrs./Miss:
2. Father / Husband Name:
3. Mother Name:
4. Date of birth:.....
5. Educational Qualification:
6. Address:
7. Nationality:
8. Gender:Female/Male.....

9. Your Telephone/Mobile No: Your Father:.....

10. Identity Card: Voter ID Card/Ration Card/ Passport/DL/ Pan Card/
Bank No / BPL Card/ UID/Certificate by Gazetted
Officer

Aadhar Card No.

11. E-mail:

12 . Work Experience	Duration	Place
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13. Cast: SC/ BC/ General/ OBC.....
.....
.....

14. Mentorship/ Escorting Required on Ideas

15. Course Name : Fee:
.....Duration: 6 to 8 Months in Normal Cases.....

16. Handicapped / Specially Challenged/ Drug Addicted & left the Drugs:

Applicant Signature
Date.....

- Note 1. Attach the printout of the Aadhar Card.
2. Printout of Certificate of 12th class. For Healthcare Course 12th Certificate is compulsory or the 10th class Certificate with 2 years of experience in healthcare.
3. Address Proof and 2 Photos 4. Bank Copy Printout

Training Center :NEDC, Advamed Hospital, Near Ganga Nursery, SAS Nagar Mohali (PB)