



**10. Academic Qualifications:**

Class	Year of Passing	Board	Marks Obtained	Max Marks	Percentage (%)
10 <sup>th</sup>					
10+2					
Others					

11. Give the names and address of two responsible persons, who are not related to you, but to whom a reference can be made.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 \_\_\_\_\_

**DECLARATION OF THE CANDIDATE**

I, hereby declare that the information furnished in this form is correct to the best of my knowledge and belief. I'm conscious that if any information is found incorrect, my admission is liable to be cancelled. I fulfill the eligibility conditions for the course which I'm applying for admission.

I have read the rules as given in the prospectus and that I shall abide by the rules and regulations of the hospital and also by the order given by the hospital authorities with regard to my conduct, discipline and studies.

I further agree to undergo the training on full time basis and I shall not engage myself in private or any other business during the course of my training.

I shall not indulge in the acts of ragging. If I'm found to have been involved in such act, my admission shall be liable to be cancelled besides any penal action under the law.

I agree that the decision of the Principal / Center Incharge, Maharaja Agrasen Hospital, Punjabi Bagh, New Delhi shall be final and binding on me.

Place \_\_\_\_\_

**Signature of the Candidate**

Date \_\_\_\_\_

**DECLARATION OF THE PARENT/ GUARDIAN**

This is to undertake and assure that my ward shall not indulge in any acts of ragging or indiscipline. If she is found to have been involved in such act, her admission shall be liable to be cancelled besides any penal action under the law.

**Signature of the Parent/ Guardian**

**List of Enclosure:-**

1. Original Certificate of 10th & 10+2
2. Photostat attested copies of Educational Certificates.
3. Photograph-3
4. Indemnity/Undertaking