



Vasundhara Lab Care

Sec 12, Vasundhara, Ghaziabad, UP

New Student Registration Form

(All the information required to fill in capital letters only)

For Office Use Only

Fee payment details (details of DD/Pay Order)

1. DD.No _____ Amount _____ Date _____ Bank _____

2. DD.No _____ Amount _____ Date _____ Bank _____

Regd No _____ Signature _____
Officer Incharge of Admission Counter

Passport
Size
Photo

Admission details

Name of Student : _____

(in CAPITAL LETTERS As appear in HSSC)

Father Name : _____

Mother Name : _____

Admission Date : _____

Admission to Degree : **Phlebotomy Technician.**

Branch : **Phlebotomy Technician**

Batch: **Jan 2019**

Bank Name : _____ Bank Account No.: _____

Fee Payment Type : **Conventional Scheme / Smart Payment Scheme**

Date of Birth : _____ Place of Birth : _____

Social Category: _____ Caste : _____

(SC, ST, OBC, General.)

Religion : _____ Nationality : _____

Mother tongue : _____ Blood Group : _____

E-mail ID : _____

Father Occupation : _____

Mother Occupation : _____

Identification Marks : _____

Sex : **Male / Female** Married : **Yes / No**

Height in CM : _____ Weight in KG : _____

Academic details: (10th Std. Details)

Board of Exam. : _____

Name of School: _____

Total Marks Obtained: _____ Maximum Marks: _____

Passing Year: _____ Percentage Marks Scored: _____ Grade: _____

(Note: Attach attested Photocopy of 10th std marks sheet)

Academic details: (12th Std. Details)

Name of Exam. : _____

Board of Exam. : _____

Name of School: _____

Total Marks Obtained: _____ Maximum Marks: _____

Passing Year: _____ Percentage Marks Scored: _____ Grade: _____

*(Note: Attach attested Photocopy of 12th std marks sheet)***Address Details: (Local Address)**

Address : _____

City : _____ Pin : _____ Dist. : _____ State : _____

Parent's Landline phone No.: _____ Parent's Mobile No.: _____

Candidate's Mobile No: _____ E-mail Id: _____

Nearest Bus Station: _____ Railway Station : _____

Address Details: (Permanent Address)

Address : _____

City : _____ Pin : _____ Dist. : _____ State : _____

Parent's Landline phone No.: _____ Parent's Mobile No.: _____

Candidate's Mobile No: _____ E-mail Id: _____

Nearest Bus Station: _____ Railway Station : _____

Address Details: (Local Guardian Address)

Guardian Name: _____ Guardian Occupation : _____

Relation with Guardian: _____ Guardian E-mail ID : _____

Address : _____

Pin : _____

Landline No.: _____ Mobile No.: _____

I hereby declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief.

Date:**Place:****Signature of Student**

Instructions:

1. 10th std and 12th std attested photocopy of marks sheet to be attached with this form.
2. Attested photocopy of address proof to be submitted with this form.
3. Attested photocopy of age proof to be submitted with this form.
4. Affix passport size colour photograph at the space provided in the form.
5. Additional sheet can be attached to provide diploma/degree level exam details.

Contact Us:

Name:	VasundharaLabCare
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