

# DR. BABASAHEB AMBEDKAR EDUCATION OF NURSING, PARAMEDICAL, HEALTH SCIENCE, MANAGEMENT & COMPUTER

(Affiliated By :- SIU, NCVT, MSED, IIE, AICVPS, AICPE, (SUR, UGC, INC, RNC, WCUS), The Health Education of Research Council of India Delhi)



**ALL INDIA COUNCIL FOR VOCATIONAL AND PARAMEDICAL SCIENCE**  
(AN ISO 9001:2008 CERTIFIED ORGANISATION)  
RUN BY  
ALL INDIA COUNCIL FOR VOCATIONAL AND PARAMEDICAL SCIENCE EDUCATIONAL TRUST  
CENTRAL COUNCIL FOR HEALTH SCIENCE ESTABLISHED UNDER ARTICLE  
OF 29 & 30 (I) CONSTITUTION OF INDIA



इंदिरा गांधी उच्च विद्यालय और इंटरमीडिएट प्रमाणपत्र परीक्षा बोर्ड  
**Indira Gandhi Board of High School & Intermediate Certificate Examinations**  
(An Autonomous Organisation Reg. Under NCT. Govt. of Delhi)  
(Managed & Run by International Schooling & Technical Education & Research)



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Session

## Admission Form

Affix Box Size  
Photograph of  
the Candidate

Apply For (Course Name):- .....

Student Name :- .....

Father Name :- .....

Mother Name :- .....

Date of Birth :- ...../...../..... Gender :- Male/Female/Other

Address :- .....

..... Pin Code :- .....

State :- ..... Aadhar Card Number :- .....

Contact Number :- ..... Nationally :- Indian/Non – Indian

➤ Other Qualification :-

Name of Examination	Year of Passing	Roll No.	Board/University	Percentage
10 <sup>th</sup>				
12 <sup>th</sup>				
Graduation				
Post Graduation				
Others				

(Note : Applicant should write all information mentioned above correctly and clearly in blue/black in only. If any information is written wrongly then the university is not college is not responsible for the loss of information or any documents or non-issuance of Degree.)

✓ **Declaration on by Student**

I ..... hereby declare that the information furnished by me is correct to the best of my knowledge and belief. I also certify that the copies of document duly signed and enclosed by me are true and corrected copies of the originals. In case of any information given by me is found to be false or any certificate enclosed is found invalid or forget. I understand that my admission will be cancelled and all fees paid will be forfeited besides being open to other legal action.

Student Signature

Date :- ...../...../.....

Place :- .....

(For office Use only)

Course Name :-

Specialization :

Year of Joining :-

Total Fees of the course :-

Scholarship :-

Permitted by :-

➤ Details of the fees Paid During Admission :-

Form Fee	Fees Amount	Amount Paid	Date	Cash/ Cheque/ DD	Receipt No.	Examination Month/ Year
Years						
1 <sup>st</sup> Year						
2 <sup>nd</sup> Year						
3 <sup>rd</sup> Year						
4 <sup>th</sup> Year						
Total Amount						

Clerk :-

Date :- ...../...../.....