



ALLIED HEALTHCARE COUNCIL OF INDIA

(Registered with Ministry of Skill Development & Enterprises Govt of India)

To
The Registrar
Registration Form
ALLIED HEALTHCARE COUNCIL OF INDIA

Application For Registration of Diploma in

1. Name

2. Father Name

3. Mother Name

4. D.O.B.....

5. Course Duration.....

6. Training Period(mm/yyyy) From...../..... To...../.....

5. Permanent Address

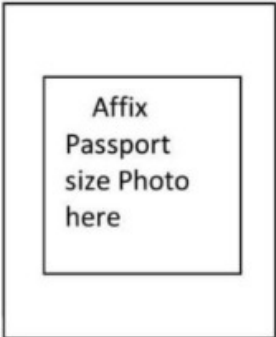
District State PIN code.....

5. Mobile No. E-mail ID

6. Name of Training Center

7. Month & Year of Passing

8. Final Year Roll No.



Signature of Candidate

Enclosure -

- 1- Mark sheet of Training (1st & 2nd Year)
- 2- 10 and (10+2) Mark sheet & Certificate
- 3- NOC from Institute
- 4- Adhar Card

FOR OFFICE USE ONLY

1. Registration Fee

2. Receipt No. Date

3. Registration No