



Dr. Ravi Patil Health Institutions Belagavi

Civil Hospital Road, Ayodhya Nagar, Belagavi - 590001

APPLICATION FORM

Affix here your latest Photograph duly attested

APPLICATION NO _____

Name & Address of the Candidate

Telephone number : _____ Mobile number : _____

FOLLOWING COURSES :-

- Bachelor in Nursing Science (B.Sc Nursing)
- Bachelor in Medical Operation Theatre Technology (B.Sc MOTT)
- Bachelor in Medical Imaging Technology (B.Sc MIT)
- Bachelor in Medical Laboratory Technology (B.Sc MLT)
- Bachelor in Medical Anesthesia Technology (B.Sc MAT)
- General Nursing & Midwifery (GNM)
- Diploma in Medical laboratory Technology (DMLT)
- Diploma in Medical Imaging Technology (DMIT)
- Diploma in Medical Operation and Anesthesia Technology (DOTT & DAT)
- Diploma in Medical Record Technology (DMRT)
- Diploma in Dialysis Technology (DDT)

To,
The Director
Dr. Ravi Patil Health Institutions
Vijaya road near State Excise Office, Ayodhya nagar,
Belagavi – 590 001.

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form is true to the best of my knowledge.

I have read and understood its prospectus and here by undertake to abide all the rules and regulations mentioned in the prospectus of Dr . Ravi Patil Health Institution courses for the year 20 - 20

I also agree to follow the discipline of the institute and promise not to indulge in any form of indiscipline.

Dated : _____

Signature of the Candidate

Signature of the Parent/ Guardian

Name & Address _____

(Relationship) _____

PERSONAL DATA

1. Name of the applicant in full (Block Letters) As per SSLC record : _____
2. Gender : _____
3. Age and Date of Birth : _____
4. Name of the Father : _____
- a. Occupation of the Father : _____
- b. Annual Income : _____
5. Name of the Mother : _____
- a. Occupation of the Mother : _____
6. Permanent Address : _____
_____ Pin code _____
7. Telephone Number : _____ (R) _____
Mobile Number : _____
8. E - mail : _____
9. Religion , Caste & Sub - Caste : _____
10. Nationality : _____
11. Languages known to speak : _____
12. Blood Group : _____
13. Aadhar Number : _____

ACADEMIC RECORD

Class	Name & Address of the Institution/ College	Name & Address of the University/Board	Year of passing	Percentage

Details of Extra - curricular activities if any _____

Do you need Hostel accommodation ? : Yes / No Please tick () mark

ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED : (Do not enclose originals)

- a. Marks Card : SSLC Marks Card, PUC II Higher Qualification if any
- b. Transfer Certificate
- c. Migration Certificate (Non Karnataka students)
- d. Medical Fitness Certificate from a registered medical practitioner.
- e. Submit an identification proof (Voter's ID/ Pan Card/ Passport/ Driving License / Aadhar card)

1. Application accompanied by the above mentioned certificates only will be considered.
2. All the certificates should bear the same name, as per SSLC certificate.
3. Indicate if NRI (Non resident Indian) seat is desired. YES / NO