



DOT N LINE INTERNATIONAL INSTITUTE OF ALLIED HEALTH SCIENCES, LUCKNOW ADMISSION FORM

PLEASE FILL THE FORM WITH BLACK PEN AND IN CAPITAL LETTERS.

First Name
Middle Name
Last Name
Father's Name
Mother's Name

PASTE YOUR
CURRENT RECENT
PASSPORT SIZED
PHOTOGRAPH

Father's Profession Parents' Phone

Date of Birth Nationality

Place of Birth Sex Married Yes No

Phone No. Whatsapp No.

AADHAR No.

Category/Cast

Current Address

City/State PIN Code

Permanent Address

City/State PIN Code

COURSE to take
ADMISSION in 2 years Diploma - Medical Lab Technology 6 Months Cert. - EMS
 2 years Diploma - Operation Theater Technology 1 year Cert.- Dialysis Technology
 2 years Diploma - Trauma Care & Casualty Technology 1 year Diploma - Optometry
 1 year Diploma - Anesthesia Technician
 Other

Educational Qualification

Level	Board/Univ.	Year of Passing	Stream	Subjects	Marks Obtained	Percentage (%)
High School (10th)						
Intermediate (12th)						
Any Other Qualification						

Details of Experience (if Any)	
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I hereby declare that I am interested in taking admission in this institute in the course above filled by me. I declare that I am not been forced or compromised to take this admission.

I hereby declare that all the above information provided and filled by me in this admission form is genuine and correct to the best of my knowledge. If any information found incorrect, the institute may cancel my admission at any moment of time during the course. I have carefully read all the instructions given in the Prospectus. I hereby undertake to abide by them. I also declare that I will pay the course fees on time (including academic fees, tuition fees, admission fees, etc.), else late fee submission FINE may be levied. I further declare that no criminal proceedings are under process against me in any court of law of the country or abroad. I hereby also declare that I will not indulge in any activity of Ragging, if found involved, institute can take any legal action against me.

Check List Documents to attach-

- Highschool Marksheet Xerox
- Intermediate Marksheet Xerox
- Highschool Certificate Xerox
- Intermed. Certificate Xerox
- Aadhar Card Xerox
- 5 Passport Size Photographs
- Cast Certificate Xerox*

Today's Date

Candidate's Full Name and Signature

For Office Use-

Office Remarks (if any)

- Highschool Marksheet
- Intermediate Marksheet
- Highschool Certificate
- Intermed. Certificate
- Aadhar Card
- Cast Certificate
- Experience Certificate
- Other