

Serial No:

LMS Reg. No:

Project:



SKILLING INDIA TO SAVE LIVES



ADMISSION FORM

Fix passport size
coloured photograph
here

Please fill in **BLOCK LETTERS**

Course applied for

Name Mr./Ms.

As Per Aadhar Card

Father's Name

As Per Aadhar Card

Mother's Name

Contact No:

(Father)

(Mother)

Date of Birth

D D M M Y Y Y Y

Nationality

Caste Category:

☐

General

☐

OBC

☐

SC

☐

ST

☐

PH

☐

NA

Religion:

☐

Hindu

☐

Muslim

☐

Christian

☐

Sikh

☐

Buddhist

☐

Jews

☐

Others

Marital Status:

Blood Group:

Gender:

☐

Male

☐

Female

Address:

Pincode

State

Mobile No 1:

Mobile No 2:

Email ID:

Aadhaar No.:

If you don't have Aadhaar Card, mention Enrollment Number

Passport Number:

Valid Upto (Date):

D D M M Y Y Y Y

Pre Training status:

☐

Fresher

☐

Experienced

☐

Years of Experience

Education Level: Please provide qualification details:

Qualification	Stream (Science/Arts/Commerce/Other/NA)	Name of School/College	Board/ University	% or Grades	Subjects Studied
10 th (SSC)	NA				
12 th (HSC/10+2)					
Graduation (BA/ B.Com/B.SC/Any other)					
Post-Graduation					
Additional Certification (1)					
Additional Certification (2)					
Computer Knowledge	Skills-Basic/Advanced				

C/O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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[illegible][illegible]

IVC	Healthcare	VWC	Healthcare	VWC	Healthcare	VWC	Healthcare
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VVO Healthcare	VVO Healthcare	VVO Healthcare	VVO Healthcare
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Bank Name: _____

Account No.:

Healthcare	VVO Healthcare	VVO Healthcare	VVO Healthcare	VVO Healthcare	VVO Healthcare
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Branch: _____

IFSC Code:

4. ID Proof: PAN Card/Voter ID Card/Aadhar Card/Driving Licence

The following shall amount to abuse of electronic communication:

Parent/Legal guardian's signature _____

Finance

STUDENT DECLARATION

(To be taken at the time of submission of Admission Form)

I, _____, son/daughter of Mr./Ms. _____, (holding UID No _____) resident of _____, do hereby confirm and undertake on this ____ day of _____ that:

1. The entries made in my Application Form (copy enclosed herein) are complete and true to the best of my knowledge and records.
2. I, hereby undertake to present the original documents immediately upon demand by the concerned authorities of VIVO Healthcare Institute (Institute).
3. I, hereby, promise to abide by the Admission Rules and Regulations, concerning discipline, attendance, etc. of Institute, and also to follow the Code of Conduct prescribed for the students of the Institute, as in force from time to time and subsequent changes/modifications/amendment made thereto. I acknowledge that, the Institute has the authority for taking punitive actions against me for violation and/or non-compliance of the same.
4. I have been thoroughly counseled about the affiliation and certification of the course I have enrolled in.
5. I, understand that minimum 70% attendance in classes and 85% attendance in Clinical Internship is compulsory and I commit myself to adhere to the same. I also understand, in case my attendance falls short, for any reason, the Competent Authority of the Institute may take such punitive action against me, as may be deemed fit and proper, which includes but not limited to forfeiture of full admission fee.
6. I, hereby declare that, I will neither join in any coercive agitation/strike for the purpose of forcing the Management of the Institute to solve any problem, nor I will participate in any activity which has a tendency to disturb the peace and tranquility of life of the Institute premises or its employees.
7. I, hereby declare that, I shall be solely responsible for my involvement in any kind of undesirable indisciplinary activities outside the campus, and shall be liable for punishment as per the law of the land. I, further understand that, the Institute shall in no way provide any support to me and will not be held responsible for my any such action.
8. I understand that after completion of the Course I shall be provided with an opportunity for placement. However, if I fail to attend the placement interview at the designated time and place without obtaining prior permission for such absence, then I shall be solely responsible for all the consequences of the same.
9. I hereby undertake that I will not leave the course in between and if i do so, then the Institute shall be entitled to recover from me the monetary part of the Scholarship amount and if i fail to pay then, the Institute shall be able to take appropriate legal action against me.
10. I, also declare that, I am not suffering from any serious/contagious ailment and/or any psychiatric / psychological disorder.
11. I, hereby consent to the use of my likeness, pictures, videos and details related to my person, in photographs and/or videos made for VIVO Healthcare Private Limited, as well as in publicity concerning the same. I understand that I will not be entitled to receive any monetary or non-monetary consideration for the use of details related to my person as set forth above, in the photographs and/or videos pursuant to this consent.
12. I, further declare that, my admission may be cancelled, at any stage, if I am found ineligible and/or the informations provided by me are found to be incorrect.
13. I, hereby undertake to inform the Institute, about any changes in the information submitted by me in the Application Form and any other documents, including change in addresses and phone nos., from time to time.
14. The contents of the undertaking have been explained to me in the language I understand.

Name: _____

Date: _____

Signature: _____

Place: _____

DECLARATION BY PARENT/LEGAL GUARDIAN

I, _____ (Mother/Father/Legal guardian) of _____ (student's name) hereby fully endorse the above undertaking/declaration given by my child/ward. And I will endeavor to induce my child/ward to do his/her best to observe the above stated undertaking in words and spirit.

Name: _____

Date: _____

Signature: _____

Place: _____