



GLOBAL EDUCATION & HEALTH COUNCIL APPLICATION FORM



1. Name of Course Applied.

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2. Course Code.

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3. Duration

6 Month		12 Month		24 Month	
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4. Student's Name

Paste recent
Passport Size
Photograph. It
will be printed on
I Card

5. Email Phone No.

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6. Father's
Name-

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7. Mother's
Name-

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8. Address for Correspondence

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..... Pin Code

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9. Permanent Address

.....

.....Pin Code

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10 Date of Birth

Date	Month	Year

11. Gender

Male

Female

12. Category GEN OBC SC ST MIN

13 . Religion

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14. State of Domicile. UP Other Name of State

15.Nationality.

16.Aadhar No.

17.Details of the last Examination passed:-

Exam Passed	Passing Year	Board/University	Subject	Marks		Remarks
				Obtained Marks	Full Marks	
10 th Class						
12 th Class						

Date of Admission

Date	Month	Year

Signature of Student

Verify by Centre Head

Following self-attested copies of document enclosing here with.

1. 10th mark sheet from recognized board
2. 12th mark sheet from recognized board
3. 1 passport size photographs
4. Aadhar Card