



# DIPLOMA IN US HEALTHCARE DATA ANALYTICS

## Application Form

### STUDENT

NAME: .....

E-MAIL ADDRESS: .....

GENDER: ☐ MALE ☐ FEMALE ☐ OTHER NATIONALITY: .....

RESIDENTIAL ADDRESS: .....

CELL: .....

### GUARDIAN

NAME: .....

E-MAIL ADDRESS: .....

PERMANENT RESIDENCE: .....

RELATION: ..... CELL: .....

### ACADEMIC

LEVEL	GRADUATED YEAR	NAME OF THE INSTITUTION	BOARD
SLC OR EQUIVALENT			
ONGOING / MOST RECENT DEGREE			

\*Copies must be submitted at the time of admission.

### DECLARATION AND CONSENT

- I certify that the information I have provided in this application is true, complete and accurate.
- All the information I have provided in connection with this application is subject to verification and audit by DWIT College.
- I shall provide supporting documentation to DWIT College to verify my eligibility upon request.
- I understand that any misrepresentation on this application may result in cancellation of my admission or enrollment status.

### RULES & REGULATION

I fully understand that DWIT College has the final say on any kind of conflicts / disputes related to admission and will regard its decision as full and final.

### FEES

I fully understand that initial deposit made during the time of admission is non-refundable.

STUDENT'S SIGNATURE: .....

### FOR COLLEGE USE ONLY

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