01. Name of student in full (Block Letter):		
02. Phone/ mobile of student :		***************************************
03. Name of father:		
a) Permanent address:		
,		
b) Permanent address:		
		.117
c) Occupation of father:		
d) Phone/ mobile of father :	Office:	Personal:
04. Name of guardian (if any):		
a) Relationship with guardian:		
b) Phone/ mobile of guardian:	Office:	Personal:
05. Date of birth:		
06. Nationality :		
07. Religion :		
08. Place of birth:		
09. Country of birth:	100	Control of the Contro
10. Sports and / or extracurricular activity achievements:		
11. DECLARATION		
I do hereby declar that this application form has been filled in by me in own handwriting and that the		
information given herein are correct. I do hereby agree that, if I am admitted, shall abide by the rules and		
regulations of this college and also abide by the orders given by the college authority with regard to my		
conducts, discipline and studies: I fully understand that the Principal of the college with have the full liberty to		
	nt of the above u	indertaking not withstanding the fact that all fee
may have been paid.		
Date:		Signature of Candidate
12. DECLARATION BY PARENT /GUAR	RDIAN	
I do hereby declare that this event of my daughter/son/wards (Give full name)		
being successful in obtaining admission to the Aichi Medical College, shall make all		
arrangements to the satisfaction of the college authority for the timely payment of all dues, tuition fees and		
such others fees as may be required to be paid during the period of his/her studies at this college.		
sales sales fees as may be required to be paid during the period of mis/fiel studies at this conege.		
Place of Institute:		Signature of Dorost / Court
Trace of Histitute.		Signature of Parent / Guardian
Date:		Relationship of Candidate