

NATIONAL HEALTH & EDUCATION RESEARCH COUNCIL OF INDIA

ONLINE REGISTRATIONS FORM

INFORMATION

Course : _____

Institute: _____

STUDENT INFORMATION

Name: _____

Student ID: _____

Date of Birth: / /

Home Address: _____

City: _____

State: _____

Zip Code: _____

Gender: Male Female

Previous School (if any): _____

GUARDIAN INFORMATION

Father Name: _____

Mother Name _____

Other: _____

Phone Number: _____

Email Address: _____

Home Address (if different from student): _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

EDUCATIONAL QUALIFICATION

S. No.	Exam Passed	Year	Percentage	Board/University
1			%	
2			%	
3			%	
4			%	
5			%	

CONSENT & AGREEMENT

I certify that the above information is correct to the best of my knowledge.

Documents Submitted:

Birth Certificate

Immunization Records

Proof of Address

Other: _____

Date: / /

Signature: _____