



# THE HEALTH EDUCATION & RESEARCH COUNCIL OF INDIA (NEW DELHI)

## ADMISSION FORM

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Passport Size  
Photo

(For Office Use Only)

Form No. .... Session: .....  
ID No ..... Enrollment No: .....  
Registration No: ..... File No: .....

Signature of Applicant

(Please fill the Admission Form in **CAPITAL LETTERS**)

Courses Applied For: .....

Course Code: .....

Regular  Executive  Part Time

Applicant Name (As in High School): .....

Father's Name: .....

Mother's Name: .....

Date of Birth  /  /  (Attach Date of Birth Proof)

Nationality: ..... Category (SC/ST/OBC/GEN) ..... (Attach relevant certificate)

Marital Status: Single  Married  Gender: Male  Female

Address for Correspondence: .....

.....

..... City: ..... Pincode:

Contact No.: Landline No. (.....) Mobile No. : (-).....

Permanent Address: .....

..... City ..... Pincode:

Contact No.: Landline No.: (.....) Mobile No. : (-).....

Father's Mobile No.: ..... Mother's Mobile No.: .....

Email ID1: ..... Email ID2: .....

**Detailsof QualifyingExam**

S.No.	ExamPassed	Degree/ Diploma	University/ Board	Subject	Yearof Passing	% / CGPA	Division	Remarks
1	Xth							
2	XIIth							
3	Graduation							
4	PostGraduation							
5	Others							

**InterestCourse**

S.No.	Scholarship	CourseName	Date	RollNo.	ResultStatus
1					
2					

**DocumentAttachment**

S.No.	Examinations	OriginalCopies	AttestedCopies	Undertaking
1	X(Mark sheet/ Certificate)			
2	XII(Marksheet/ Certificate)			
3	Graduation(Mark sheet/ Certificate)			
4	PostGraduation(Mark sheet/ Certificate)			
5	Certificateof Category			
6	TransferCertificate /LC			
7	Migration Certificate			
8	DomicileCertificate			
9	Others			

**DECLARATION:**

I herebythat Ihavereadthe councilwebsite [www.herci.edu.in](http://www.herci.edu.in)andunderstoodthe conditionof the eligibilityfor theprogramme for which Iseekadmission.If fulfill theminimumeligibilitycriteriaand Ihaveprovidednecessaryinformation in this regard.In the event of anyinformation beingfound incorreor misleading,my candidateshallbe liableto cancellationbythe Councilat anytime and I shallno be entitled to refund of anyfeepaidby meto the HealthEducation& ResearchCouncilOfIndia,Delhi.

StudentSignature:.....ParentsSignature:.....

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FeeReceived(Rs): ..... words):.....(In.....  
 ByCash/Cheque:..... Bank.....of..... Dated:.....  
 Accountsofficer Signature: .....(Name):.....  
 FormChecked& Verified By:.....(Name):.....  
 OfficeAdministrator..... Dated:.....