



# Sharawasti Institute of Health Science

Sirsiya Road, Bhinga, Distt. Shrawasti – 271 831 Uttar Pradesh India

Phone: +91-919 950 4165, 812 752 5881

Website: www.shrawastiinstitute.com Email: info@shrawastiinstitute.com

## Student Enrollment Application Form Session :

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### Personal Information

1. Full Name:

- First Name: \_\_\_\_\_
- Middle Name: \_\_\_\_\_
- Last Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

3. Gender:

- Male ☐
- Female ☐
- Other ☐

4. Nationality: \_\_\_\_\_

5. Aadhaar Number (if applicable): \_\_\_\_\_

Applicant's

Passport Size

Color Photograph

### Contact Information

6. Permanent Address:

- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Postal Code: \_\_\_\_\_
- Country: \_\_\_\_\_

7. Correspondence Address (if different from Permanent Address):

- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Postal Code: \_\_\_\_\_
- Country: \_\_\_\_\_

**8. Phone Number:**

○ Mobile: \_\_\_\_\_

○ Alternate: \_\_\_\_\_

**9. Email Address:** \_\_\_\_\_

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**Educational Background**

**10. High School (10th Grade):**

○ Name of School: \_\_\_\_\_

○ Year of Passing: \_\_\_\_\_

○ Percentage/Grade: \_\_\_\_\_

**11. Higher Secondary (12th Grade):**

○ Name of School: \_\_\_\_\_

○ Year of Passing: \_\_\_\_\_

○ Percentage/Grade: \_\_\_\_\_

**12. Previous College/University (if applicable):**

○ Name of Institution: \_\_\_\_\_

○ Year of Passing: \_\_\_\_\_

○ Degree/Course: \_\_\_\_\_

○ Percentage/Grade: \_\_\_\_\_

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**Course Applied For**

**13. Select Program:**

○ M.D. in Alternative Medicine ☐

○ B.A.M.S. (Bachelor of Alternative Medicine) ☐

○ BEMS ☐ (Bachelor of Electro-Homeopathy Medicine and Surgery)

○ Diploma in Pharmacy ☐

○ DMLT ☐

○ DOTT ☐

○ DPT ☐

○ DDT ☐

○ ECG ☐

○ G.N.M. ☐

○ D.N.Y.S. ☐

**14. Specialization (if applicable):** \_\_\_\_\_

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## Documents Checklist (Attach Photocopies)

### 15. Required Documents:

- Recent Passport-sized Photograph ☐
- High School Mark Sheet (10th) ☐
- Higher Secondary Mark Sheet (12th) ☐
- Transfer Certificate (TC) ☐
- Migration Certificate ☐
- Aadhaar Card ☐
- Any Other Relevant Certificates ☐

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### Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that providing false information or withholding correct information may result in the rejection of my application or termination of my enrollment at Sharawasti Institute of Health Science.

- **Applicant's Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

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### For Office Use Only

- Application Received By: \_\_\_\_\_
- Date Received: \_\_\_\_\_
- Application Status:
  - Approved ☐
  - Rejected ☐
- Comments: \_\_\_\_\_

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Please submit the completed application form along with the required documents to the Admissions Office at Sharawasti Institute of Health Science