





19. EDUCATIONAL QUALIFICATION

Examination	Roll No.	Year of Passing	Board/ University	Subject Offered	% of Marks	Division/ Grade
10th Std./ High school						
H.S. /SSC/(10+2)						

20. ANY OTHER PROFESSIONAL QUALIFICATION / DIPLOMA

Name of Professional Qualification/Diploma	Year of Passing	Board/ University	% of Marks	Division/ Grade	Experience in Months/ Years

**DECLARATION BY THE CANDIDATE**

I ..... S/o or D/o ..... declare that the information furnished by me herein is true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further declare that I have fully read the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

**PLACE :**

**Date :**

**Signature of the candidate**

21. LIST OF ENCLOSURE :

DIPLOMA /CERTIFICATE APPLICANTS ARE INSTRUCTED TO ENCLOSE THE FOLLOWING DETAILS:

S.no.	Particulars	X
1	Self Attested ID (Birth Proof)	
2	Address Proof (Preferably Aadhar Card )	
3	Self Attested copy of Marksheets of class 10 <sup>th</sup> and 12 <sup>th</sup>	
4	Self Attested copy of pass certificate of class 10 <sup>th</sup> and 12 <sup>th</sup>	
5	Caste Certificate	

**Note:**

Signature of the Candidate

- The candidate must ensure that application is complete and all the necessary documents enclosed before submitting the application.
- Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

The duly filled application should be submitted in person or by post to:

**The Admission Cell,  
TIMeS Hospital,  
Mission Chariali, Deurigaon,  
Tezpur-784001, Assam**