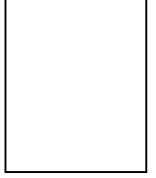


DSK EDUCATION MEDICAL AND HEALTH CARE COUNCIL OF INDIA

Incorporated Regd. under M.C.A. Govt. of India as section 8 of the companies Act. 2013. Regd. Under ministry of M.S.M.E. Govt. of India & Supported by Niti Aayog (Planning Commission) Govt. of India.
CIN-U80902MH2022NPL375014 PAN NO. : AAJCD0170G Niti Aayog : MH/2022/0307794 TP No.: 108967
Regd. Off : - Plot no.34, Chandrababha Housing Society, Near Khajamiya Road, Jalgaon MH 425001 INDIA
Phone- +91 8999205935 Email id- dskemhccouncil@gmail.com Website : www.dskemhccouncil.org

ADMISSION FORM



PERSONAL INFORMATION :

Name in Full : _____

(In Block Letters) Surname First Name Father/Husband's Name

Father/Husband Name : _____

Mother Name : _____

Address : _____

Pin Code : _____ Dist. : _____ State : _____ Nationality : Indian.

Date of Birth : _____ Gender : Male / Female Marrital Status : Married / Unmarried

Contact No. : _____ Email I.D. : _____

Languages Known : Marathi / Hindi / English. Blood Group : _____

Medical History : _____

Admission For : _____

Duration : _____ (Regular/Distance) Medium : _____

EDUCATIONAL QUALIFICATION :

Exam	Name of Institute	Board/University	Year of Passing	% Marks	Class
S.S.C.					
H.S.C.					
Dip./Degree					
Other					

Terms	Name of Hospital/Company	Duration	Marks	Remarks

DECLARATION

I hereby declare that the above furnished details are fully true to the best of my knowledge and belief. I accepted all the terms & Conditions of DSKEMHC Council of India. I agree to Admission for DSKEMHC Council of India.

Date :

Place :

Signature of the Applicant

- **ATTACHMENTS** : All Self attested Xerox Copies 2 Set.

1. S.S.C. Marksheet , Board Certificate , Leaving Certificate.
2. H.S.C. Marksheet , Board Certificate , Transfer Certificate/ Migration Certificate.
3. Graduation Marksheet & Certificate./Course Certificate/Other Certificate.
4. Aadhar Card.
5. Passport Size Photo - 5

Declaration by the Parent / Guardian

I have gone through the above mentioned particulars and allow my son/ daughter/ wife to join the course and hereby agree to pay the Course / Admission / Tution / Training / Examination fee etc. I assure that my Son/ Daughter / Wife will obey the instructions /orders issued by the concerned authorities of Institute of Vocational & Skill Development Education & Training, Jalgaon & DSKEMHC Council of India.

Place :-

Date :-

signature of the parent / Guardian

Payment Details : D.D. No. : _____ D.D. Date : _____ D.D. Amount: _____

Name & Address of Bank : _____

Reference Through : _____ Contact No. :

Address : _____

For Office Use Only

Please Admit Shri./ kum./ Smt. _____

in the course of :- _____

Year :- 20 / 20

Session :

Total Fees of the Course : Rs.

Secretary
DSKEMHC Council of India

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Undertaking

- 1) Institute of Vocational & Skill Development Education & Training, Jalgaon. is Study & Training centre of DSKEMHC Council of India.
- 2) Student will have to pay the full annual fee of the DSKEMHC Council of India's course at the time of Admission to the course. once paid the fee will not be refunded, under any circumstances for any reason. That if i do not appear in the DSKEMHC Council examination or discontinued my study due to any one reason or the other. I know that The fees remitted / paid by me is neither refundable nor adjustable and non transferable in any circumstances.
- 3) According to the Government Rules, If there is any fulfillment pending of the course certificate and other documents, it is necessary to apply within 3 months after the completion of the course. No subsequent appeal will be entertained.
- 4) If you want to leave the DSKEMHC Council of India & Their Institute before the completion of the course , you will not get the original documents from the Institute/Council without paying the full year fee of the course. I will accept the Government orders , changes issued regarding the following DSKEMHC Council of India's courses from time to time.
- 5) Institute of Vocational & Skill Development Education & Training, Jalgaon./ DSKEMHC Council of India any student's does not give any job assurance or job Guarantee. The Institute/Council will not be responsible for recruiting employment / service or registration in the Employment Exchang(s) / and do not give any guarantee of employment in government or private sector in any part of the country. The Institute of Vocational & Skill Development Education & Training,Jalgaon./ DSKEMHC Council of India does not guarantee or assure any student of Enrollment in any state council of india.
- 6) I have informed my parents regarding the Institute of Vocational & Skill Development Education & Training, Jalgaon. / DSKEMHC Council of India's Course Admission enrollment. and they are Agreed.
- 7) Institute of Vocational & Skill Development Education & Training, Jalgaon./ DSKEMHC Council of India & Related all legal matter will be solved by Jurisdiction at Hon. District Court, Jalgaon and Hon. High Court, Aurangabad only.
- 8) I have read and understood and accept the all rules and regulations, Term and Conditions of the Institute of Vocational & Skill Development Education & Training, Jalgaon & DSKEMHC Council of India and satisfied myself that I fulfill all the eligibility condition as provided by the institute.
- 9) The above information provided by me is absolutely correct. I will follow all the Rules & Regulations and not get involved in any Criminal Activities, If found guilty I will be responsible for necessary action against me. I understand that my candidature will be cancelled if the information provided by me is found incorrect or misleading and I will not oppose the decision of management.
- 10) Hence I am taking admission after the knowing all legal facts and without any pressure and I never be entitled to claim any way on any ground of recognition and legal status of the institute.
- 11) I hereby declare that the above furnished details are fully true to the best of my knowledge and belief. I accepted all the terms & Conditions of Institute of Vocational & Skill Development Education & Training, Jalgaon & DSKEMHC Council of India. I agree to Admission for DSKEMHC Council of India's Course. Hence I Submitting the DSKEMHC Council of India Courses Admission Form. Please accept my admission form and oblige.

Yours Faithfully

Place :-

Date :-

signature of the candidate