



ANOVUS

Institute of Clinical Research

In association with Desh Bhagat University

Lecture Campus: Plot 28-29, Sector 24C, Dakshin Marg, Opp Batra Cinema, Chandigarh 160 036
info@anovus.net www.anovus.net

Registration No.

Group

APPLICATION FOR ADMISSION TO REGULAR COURSES 2017-18

Course for which the admission is sought : M.Sc. Advanced Diploma Diploma

Lateral Entry M.Sc. (2nd Semester) M.Sc. (3rd Semester) Advanced Diploma

Batch options Weekends Weekdays

Full Name (In Block Letters) _____ Mobile: _____

Father's Name _____ Mobile: _____

Mother's Name _____ Mobile: _____

Date of Birth _____ Nationality _____ Marital Status _____

Residential Address _____

Gender : _____ Blood Group : _____

Home Telephone No. (STD Code) _____ Alt Mobile No: _____

Email 1: _____ Email 2: _____

Office Address (if working) _____

Designation & Nature of work _____ Telephone Nos. _____

PLEASE
AFFIX YOUR
PASSPORT-SIZE
PHOTO HERE

Applicant's
Signature

Academic Qualifications	Year	Subjects	%Age Marks	University
Matriculation / Higher Secondary				
B.Sc./ B.Pharma./BDS Other (specify) _____				
M.Sc./ M. Pharma / MBBS				
Any other qualification (s)				

Declaration By The Applicant

I understand and agree that, I _____ S/D/O _____ if admitted, to conform to the rules and regulations at present in force or that may hereafter be made by the Institute. I undertake that as I am a student of the Institute, I will do nothing either inside or outside the Institute that will interfere with its orderly administration and discipline. I understand and agree that fee once paid will not be refunded under any circumstances.

I am seeking admission to _____ course on provisional basis subject to confirmation by the Desh Bhagat University. I hereby also agree that in case I am not able to fulfill the eligibility criteria before stipulated time as per norms, my candidature for the said course would stand cancelled and I shall not be entitled to refund of any fee paid by me. The University reserves the right not to declare result of my semester examination until I submit my certificate of clearance of eligibility in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the University at any time and I shall not be entitled to refund of any fee paid by me. I hereby confirm that I have read and agree to terms and conditions mentioned in the prospectus.

Date: _____

Place: _____

Applicant's Signature

Order of the Academic Head/Director

Admitted / Not Admitted.

Remarks, if any:

Academic Head/Director