



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 2022-2023

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

PLEASE
AFFIX YOUR
PASSPORT-SIZE
PHOTO HERE

Gender :

Blood Group :

Home Telephone No. (STD Code)

Alt Mobile No:

Applicant's
Signature

Email 1:

Email 2:

Office Address (if working)

Designation & Nature of work

Telephone Nos.

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