



# CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY



:: Aegis :: Shri Charotar Moti Sattavis Patidar Kelavani Mandal

## Charotar Institute of Paramedical Sciences

CHARUSAT CAMPUS, AT & PO. CHANGA - 388421 Ta.Petlad, Dist.Anand,Gujarat.

Ph.No. 02697 265311, 265038, 265199 email : principal.cips@charusat.ac.in Website: http://www.charusat.ac.in

### APPLICATION FORM (2020-2021)

### Post Graduate Diploma in Clinical Hypnosis

FOR OFFICE USE ONLY

Form No.	
Student ID	
Password	

1. Full Name of Candidate: (As per Std. 12<sup>th</sup> Marksheet in BLOCK LETTERS)


Affix Your Recent  
Passport Size  
Photo Here

2. Gender :  Male  Female

3. Nationality:

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4. Year of Passing B.Sc.

5. Date of Birth:  
(As per School Leaving/ Transfer Certificate)

M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

6. Native Place. \_\_\_\_\_

7. Aadhar No. \_\_\_\_\_

8. Category:.....

9. 27 Samaj:  Village.....

10. Blood Group : .....

11. Other Details:

Email ID:..... Mob.No (S).....

Fathers Name:..... Mob.No (F).....

Mothers Name:..... Mob.No (M).....

12. Qualifications:

Degree	Name of School / Institute	Board / University	State	Specialisation	Marks Obtained	Percentage/ Percentile
U.G.					/	
P.G.					/	
Others					/	

(P.T.O.)

### ACKNOWLEDGEMENT

Form No.

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Name:

--

Received By:

Date: / /

Authorised Signature

### 13. List of Document to be attached

(Please Provide attested photocopy)

- U.G. Marksheets & Migration Certificate  
 P.G. Marksheets  
 Std. 12<sup>th</sup> Marksheet  
 Std. 10<sup>th</sup> Marksheet  
 School Leaving / Transfer Certificate  
 Aadhar Card & Driving License

### 14. Medium of Instruction:

In B.Sc.

English  Gujarati  Other \_\_\_\_\_

In Std. 12<sup>th</sup>

English  Gujarati  Other \_\_\_\_\_

Up to Std. 10<sup>th</sup>

English  Gujarati  Other \_\_\_\_\_

### 15. Correspondence Address

<b>Name:</b>						
<b>Address:</b>						
<b>City:</b>			<b>State:</b>		<b>Nation:</b>	
<b>Pin Code:</b>					<b>Mob. No.</b>	

### 16. Permanent Address

<b>Name:</b>						
<b>Address:</b>						
<b>City:</b>			<b>State:</b>		<b>Nation:</b>	
<b>Pin Code:</b>					<b>Phone No.:</b>	

### Declaration

We.....(the Candidate) and  
.....(the Guardian)

hereby solemnly undertaker that

- ▶ The Information given above is true. If found false, we understand that the admission granted will be cancelled and fees forfeited.
- ▶ We have read information guidelines carefully and agree to follow them.
- ▶ We shall pay the fees as decided by the Management of University.
- ▶ We will abide by the rules and regulations framed the University.

\_\_\_\_\_

Date

\_\_\_\_\_

Place

\_\_\_\_\_

Signature of Candidate

\_\_\_\_\_

Signature of Guardian



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