

Application Form



2-year Advanced Postgraduate (Affiliated to C	<mark>e Diploma in Em</mark> Dsmania University,		<u>GDEC) 20</u>	<u>)18</u>
1. Name of the Student (Capital Letters) (As indicated in X class marks memo)	:			Photo to be affixed
2. Father's Name	:			
3. Occupation			L	
4. Annual Income of the parent/guardian	:			
5. Date of Birth	: Day:	Month:	Year:	
6. Mother Tongue	:			
7. Address for Correspondence (With Pin code)	:			
Home State:				
Televelesee		Fave		

lelephone:	Mobile No:	Fax:
8. Sex : M / F	Blood Group :	
9. Nationality :	Category: OC / SC / ST / OBC	Sub-Caste:

- 10. Religion :
- 11. Identification Marks: 1.

2.

12. Academic Record:

S.No.	Education	Institute	University/ Board	Start Date	End Date	%age

13. Name of the Institute last studied:

14. Related Experience:

SNo.	Organization	Designation	Ph.No.	Exp. (in months)	Address

15. Extra curricular Activities (with award if any)

Hobbies	
Awards	
Future Goals	
Development of your present interest in	
emergency medical services	

I hereby declare that the above information given by me as shown in the form is true to the best of my knowledge, and at any stage if any of the information is found to be incorrect my admission may be cancelled.

Date:Signature of the Co ★		
~	HALL TICKET (DUPLICATE)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	GVK EMERGENCY MANAGEMENT AND RESEARCH INSTITUTE, SECUNDERABAD, TELANGANA	
	2-year Advanced Post Graduate Diploma in Emergency Care (Affiliated to Osmania University, Hyderabad)	Affix recent Passport size Photograph duly attested by the candidate
Application No.:	(filled by office)	
Hall Ticket No.:	(filled by office)	
Name of the Candida	ate :	
Father's Name	:	
Date of Birth	·	
Date of Examination	:	
Centre of Examination	on : GVK Emergency Management and Research Institute	
	Devar Yamzal, Medchal Road, Secunderabad-500078	

Signature of candidate (To be signed at exam hall)