



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 (2021-2022)

Post Graduate Diploma in Clinical Hypnosis

FOR OFFICE USE ONLY

Form No.	
Student ID	
Password	

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

Affix Your Recent

Passport Size

Photo Here

2. Gender : ☐ Male ☐ Female 3. Nationality:

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.

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. 12th Marksheet
- ☐ Std. 10th Marksheet
- ☐ School Leaving / Transfer Certificate
- ☐ Aadhar Card & Driving License

14. Medium of Instruction:**In B.Sc.**☐ English ☐ Gujarati ☐ Other _____**In Std. 12th**☐ English ☐ Gujarati ☐ Other _____**Up to Std. 10th**☐ English ☐ Gujarati ☐ Other _____**15. Correspondence Address**

Name:									
Address:									
City:			State:			Nation:			
Pin Code:						Mob. No.			

16. Permanent Address

Name:									
Address:									
City:			State:			Nation:			
Pin Code:						Phone No.:			

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**Charotar Institute of Paramedical Sciences**

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