

Bapubhai Desai Bhai Patel 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 (2024-2025)

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****Bapubhai DesaiBhai Patel Institute of Paramedical Sciences**

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

Ph.No. 02697 265311, 265199

Mo. 9825287884, 9428028327

email : principal.cips@charusat.ac.in

Website: <http://www.charusat.ac.in>