Form No……

Payment Receipt No. ……..

(To be filled by Hospital)

Holy Family Hospital
Okhla Road, New Delhi – 110025
Application Form for Admission 2026
Diploma in Anaesthesia Technology

(Each Particular is to be filled in by the candidate neatly and legibly)

1. Name of Candidate in English (Block Letter) ……..

2. Father's / Husband's Name in English …….

3. Date of Birth …….

4. Address for Correspondence ……

……...

……....

5. Permanent Address …….....

……

Ph No: ……Mobile No: …… email ……..

6. Educational Qualification: ……

Name and address of school attended	Exam passed	Board/ University	% / Grade	Year of Passing	Subjects
	Class 10th				
	Class 12th				

If the candidate is awaiting the result of the qualifying examination, he/she should indicate "Result Awaited" in the column for % / Grade above. Candidate for interview must furnish their 10+2 or equivalent examination marksheet latest by the date of interview failing which they will not be admitted to the course.

7. If any other Qualification ……...

8. Medium of Study (Hindi/English) …….

9. Nationality……Religion……Sex……..

10. Rural/Urban…….. Married/Unmarried……

11. Whether belongs to SC/ST/OBC etc. (If so attach certificate)……

12. Parent/Guardian:

Name…….Occupation……Monthly family Income……..

Full Address……..

Telephone No. ……..Mobile No. ……

13. Local Guardian:

Name…….Occupation……Relationship……

Full Address……..

Telephone No. ……..Mobile No. ……

14. Parish Priest and address of Parish (in case of Christian) …….

15. List of Copies of Certificates to be attached along with Application Form (Please tick accordingly).

(a) Matriculation / SSLC Mark Sheet and Passing Certificate (b) 12th Class Mark Sheet and Passing Certificate

(c) Proof of Age (d) 3 Recent Passport size photographs (e) Copy of Aadhar Card

I solemnly declare that the above facts are correct to the best of my knowledge.

RULES & REGULATIONS

1. Fee once paid is not refundable.
2. Any change in address should be communicated to the institute office without delay.
3. Student joining the centre shall have to abide by the rules and regulations from time to time and maintain decorum. In case of dispute, the decision of the Institute will be final.
4. In case of legal dispute, the Jurisdiction will be at Delhi Courts only.
5. Any harsh or abusive language used in the office or written in the letter may affect the admission of the candidate.

DECLARATION / UNDERTAKING BY THE CANDIDATE / PARENTS / GUARDIAN

I hereby solemnly declare and undertake:

1. That the facts mentioned above and in Prospectus are fully correct to the best of my knowledge and belief.
2. That the information given by me and enclosures submitted are correct.
3. I shall abide by all the rules and the code of discipline during the course of my studies at the Institute.
4. I am aware that the fee once paid shall not refunded or adjusted under any condition whatsoever.
5. I / We have carefully gone through all the terms and conditions of admission and the management has full right to cancel my admission for any wrongful information.
6. I will be responsible for my ward during course.
7. I shall be personally responsible for the payment of all his/her institute dues. To the best of my knowledge the entries made by my ward are correct and in future I shall neither demand of fee return or fee nor be authorized to file any case of law, I solemnly declare that the above facts are correct to the best of my knowledge.

Signature of Parents / Guardian Signature of Candidate

Holy Family Hospital
School of Paramedical Technology
New Delhi – 110025

ADMIT CARD

PHOTO OF CANDIDATE

Ref. No:
Name of the Candidate:
Course Session:
Date of Entrance: **Saturday, 25-07-2026 from 9:30 am- 11:30 am**
Reporting Time: 9:00 Am
Date of Interview: **Thursday, 30-07-2026 from 9:00 am**
Venue: Conference room 2, 2nd floor near administration block
Holy Family Hospital Okhla Road, New Delhi – 110025

Candidate Signature **Academic Coordinator Signature**