

### HEALTHCARE GLOBAL ENTERPRISES LTD.,

HCG Towers, #8, P. Kalinga Road, Sampangi Ram Nagar,  
Bangalore – 560 027. Phone No. 080 33712250

Affix Student  
Pass port  
Size Photo

Applied for

<b>Name</b> (in block letters as per SSLC / Xth Std. Markscard)::	<b>Name of the Father / Guardian :</b>
<b>Date of Birth:</b>	<b>Sex :</b> Male / Female
<b>National:</b>	<b>State of Domicile:</b>
<b>Email ID:</b>	<b>Contact No:</b>
<b>Permanent Residential Address</b>	<b>Present Address &amp; Contact No</b>

#### Details of Qualification appeared / passed:

Qualification	Name of the school / college	Board / University	Subject of Examination	Year of Passing	% of Marks

#### Declaration:

I hereby declare that the particulars given in this application form are correct. In the event, any information furnished by me is found to be false or incorrect before or after the test / interview, the authority conducting the test/ interview can cancel my candidature, selection or admission as the case may be.

\_\_\_\_\_  
Signature of the candidate

Place:

Date:

\_\_\_\_\_  
Signature of the Parent / Guardian

**Please read the following instructions before filling up this form:**

- Use ball point pen to write in boxes using English capital letters or numeral.
- Do not make any stray marks on this Application form.
- Paste the photograph (recent passport size) within the box given.
- Xerox copies of marks sheets & certificates has enclose with the application form.
- Incomplete applications will not be accepted.

**Note:**

Please submit the completed application form by hand, registered / speed post or courier on or before date **31<sup>st</sup> July 2018** to the mentioned below address:

To,  
Dean's Office  
Room No-110, 1<sup>st</sup> Floor, Tower-4,  
HealthCare Global Specialty Hospital  
#8, P.Kalinga Rao Road,  
Sampangiram Nagar,  
Bangalore - 560027

**Interviewed by:**

**In person / Teleconference**

Name:

Signature:

Date: