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photograph

[illegible]

OTHERS

CONTACT NOS.: 2

TO

ROUND	DATE	CATEGORY	MERIT NO.	COURSE	DT. OF ADMISSION	DT. OF CANCELLATION
I ST ROUND						
II ND ROUND						
III RD ROUND						
IV TH ROUND						
ADDITIONAL ROUND						

11.DECLARATION OF APPLICANT

Certified that I, _____, am an Indian National/OCI, and have read and accepted the provisions of the Prospectus, and have enclosed the self-attested copies of all the certificates in proper order as required, and submitted the application complete in all respects. In the event of my application found to be deficient or incomplete, and rejected by Admitting Authority, I shall be held responsible for the same.

I, _____, do hereby solemnly declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect, or ineligible, being detected before or after the admission, appropriate action as deemed fit, by the Competent Authority, can be taken against me.

I, _____, state that I am eligible to be considered for admission to the Post Graduate Degree Course in Allied Health Sciences.

PLACE: _____

(Signature of the Applicant)

DATE: _____

Name as signed (Write in Capital letters)

ADDRESS : _____

MOBILE: _____

DECLARATION BY PARENT/GUARDIAN OF THE APPLICANT

I, Shri/Smt. _____, aged _____ years, father/mother/guardian of Mr./Miss. _____, resident of _____ Village/Town, _____, District _____, in the State of _____ hereby declare

that I have read and accepted the provisions of the Prospectus and the Particulars furnished in the application, including total annual income of both parents, are correct to the best of my knowledge and belief. I declare that I shall be held responsible for timely payment of all fees, rent, and other charges in respect of my son/daughter/ward during the period of his/her studies in the College.

I hereby declare that the Institute will not in any way be held responsible for accidents/injuries caused to my ward during the Classes, Practicals, Inplant Training in Industries, Educational Tours, Sports activity etc.

PLACE: _____

(Signature of the Parent/Guardian)

DATE: _____

Name as signed (Write in Capital letters)

11. CHECK LIST FOR THE DOCUMENTS TO BE ATTACHED

1. Please attach self- attested xerox copies of the certificates in following order and **tick** appropriately.
2. No **original** document should be attached, as the admission committee shall not be responsible for loss of original document.
3. Application form is to be submitted by the notified date, as specified in the prospectus.

Sr. No.	Documents to be submitted	Attached	Checked
1.	Photograph on the form		
2.	Statement of HSSC marks/Certificate		
3.	Statement of marks relevant Under Graduate Degree for all years		
4.	Certificate /Provisional Degree Certificate of relevant Under Graduation Degree for all years		
5.	Attempt Certificate of relevant Under Graduation Degree for all years		
6.	Passing Certificate of relevant Under Graduation Degree		
7.	Internship Completion Certificate of relevant Under Graduation Degree (Institute & Goa University)		
8.	Certificate for reserved category claimed viz. SC, ST, OBC, PwD.		
9.	Certificate of date of birth		
10.	College leaving certificate		
11.	Provisional Eligibility Certificate from Goa University (for applicants other than Goa University)		
12.	Migration Certificate from Goa University (for applicants other than Goa University)		
13.	Certificate of complete Hepatitis-B vaccination		
14.	Disability Certificate from Medical Board, GMC (if applicable)		
15.	Bond completion certificate/relieving order		
16.	NOC from present employer (if applicable)		
17.	Copy of Aadhaar Card		
ADDITIONAL DOCUMENTS			