

# The Institute of Rural Health Awareness & Homoeopathy

An Autonomous Organisation, affiliated to BSS, National Development Agency, Estd. in 1952,  
(Promoted by Govt. of India and also approved unanimously by the Indian Parliament)



Registration No. WB / 7321

Registered Office : VIII : Jagannathbati, P.O. Sugandha, Hooghly - 712102

Office & Academic Section : Pragatinagar, G.T. Road, Chinsurah, Hooghly-712102

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## APPLICATION FOR ADMISSION

Application No. \_\_\_\_\_

Course : \_\_\_\_\_

Paste Recent  
Photograph

Size :  
3.5 cm x 4.5 cm

1) Name (In Block Letters) \_\_\_\_\_

2) Father's Name \_\_\_\_\_

3) Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Contact No. \_\_\_\_\_

5) Date of Birth \_\_\_\_\_

6) Sex

☐ M

☐ F

7) Religion \_\_\_\_\_

8) Nationality \_\_\_\_\_

9) Educational Qualification \_\_\_\_\_

10) Other Qualification (If any) \_\_\_\_\_

## SELF DECLARATION OF THE APPLICANT

*I Hereby declare that I have read and understood from website of the Institute, the terms & conditions of eligibility for the training for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of my information being found incorrect or misleading my candidature shall be liable to cancellation by the Institute at any time and I shall not be entitled to refund of any fee paid by me to the Institute.*

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant