

# APPLICATION FORM FOR CSSD TECHNICIAN COURSE

Duration: 1year

Session: \_\_\_\_\_

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

PHOTO

Name of Candidate: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Email id: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Nationality: \_\_\_\_\_ Married / Unmarried: \_\_\_\_\_

Educational Qualification: (Minimum 10+2, please mention below if other higher education pursued)

Exam	Name of Board	Name of Institute	Year of passing	Division / Percentile
10th				
10 +2				

Previous work experience: (if any)

Payment Details:

Amount to be paid : Rs. 50,000/- (Rupees fifty thousand only)

Cash  Card  NEFT/RTGS (Ref no. \_\_\_\_\_ Date: \_\_\_\_\_)

Bank Details:

A/C Name: Goenka Nursing Home (P) Ltd.

A/C No. : 03992020001418, Bank: HDFC Bank

IFSC: HDFC0000399

Candidate's Signature: \_\_\_\_\_