

The University of Trans-Disciplinary Health Sciences & Technology

FRLHT, 74/2, Jarakabande Kaval, Post Attur via Yelahanka, Bengaluru - 560 064
Tel: +91 80 28568000/01/02/03 Fax: +91 80 28567926; tdu.edu.in



Certificate course on “General Duty Assistant” Application Form 2020

(Form No.: 01/TDU/PK/20)

Application Number: _____ Date: _____

Affix
PP Size Photograph
&
Sign Below
(Do not sign across the face)

Student Name (In capital letters):

First Name		Middle Name		Last Name / Surname	
Sex: Male / Female	Date of Birth: DD/MM/YYYY	Age:	Nationality:		
Permanent Address: House No., House / Building Name, Street, Area, City, Zip/Pin Code, State					
Mobile Number:			Landline:		
E-Mail:					
Correspondence Address:					
Landline:			Marital status: married / Unmarried		
Father's Name:			Occupation:		
Mother's Name:			Occupation:		
Spouse Name:			Occupation:		
Category : <input type="checkbox"/> General <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> Differently able					
Current status: student/employed/self-employed/house wife/others					
Annual income:					
Educational Background:					
Degree	Board / Institute / University		Year	Class / Grade	% / GPA
Grade 10					
Grade 12					
Any Others					
Require hostel accommodation: Yes / NO			Require transport service: Yes / NO		

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Enclosures (Tick and enclose self-attested copies of the following)

• Grade 10	<input type="checkbox"/>
• Grade 12	<input type="checkbox"/>
• ID proof	<input type="checkbox"/>
• Address proof	<input type="checkbox"/>
• 2 copies of passport size photos	<input type="checkbox"/>

Application & Registration Fees Payment details

Cheque / DD for an amount of Rs. 1,000 should be drawn in favour of **“UTD-HST General Fund”**, payable at Bangalore. Outstation cheques will not be accepted.

Cheque / DD No.: _____, **Dated:** _____

Bank Name: _____

If paid in Cash, then receipt no: _____, **Date:** _____

Declaration

I hereby declare that I have carefully read the instructions and particulars supplied to me and that the entries made in this application form are correct to the best of my knowledge and belief. If selected for admission, I promise to abide by the rules and discipline of the Institute.

I note that the decision of the Institute is final in regard to selection for admission and assignment to a particular School and field of study. The Institute shall have the right to expel me from the Institute at any time after my admission, provided it is satisfied that I was admitted on false particulars furnished by me or my antecedents prove that my continuance in the Institute is not desirable. I agree that I shall abide by the decision of the Institute, which shall be final.

Place:

Applicant's Signature

Date:

For office use

For office use		
Application received date	Verified by	Approved by