

8. Nationality :

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9. If any Local Guardian Name :

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Address :

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Contact No. :

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10. Academic Particulars

Exam Passed	Name & address of the school/college	Name of the Board/univ.	Reg. No.	Percentage of Marks	Year of Passing
a. SSLC					
b. PUC/HSE/+2 or Equivalent					
c. Any other Course					

11. Total Marks obtained in English, Physics, Chemistry and Biology in PUC/HSE/+2 or Equivalent Examination.

Marks out of Percentage

12. Attested Photocopies of Marks card to be enclosed:

1. SSLC/10th Marks card
2. PUC/HSE/+2 Marks card
3. Transfer Certificate/Conduct Certificate
4. Migration Certificate (only for other than Karnataka state candidates)
5. Eligibility Certificate (only for other than Karnataka state candidates)
6. Diploma Marks Cards (For Lateral Entry)
7. Provisional Diploma Certificate (For Lateral Entry)
8. Copy of Aadhaar Card
9. Latest Passport size photograph
10. Application fee of Rs. 1000/- to be paid through DD in favour of Athena Institute of Health Sciences, Mangaluru or Online payment.
Details of Online payment are :
Account Number : 39054968447,
IFSC code : SBIN0070226, Bank : SBI, Hampankatta, Mangaluru.

DECLARATION BY THE CANDIDATE

I hereby undertake that I have filled up this form myself and to the best of my knowledge and belief the particulars given above are true.

I have read and understood the prospectus and I hereby undertake to abide by all the rules and regulations in force at present and also those which may hereafter be introduced for the administration of college and hostel.

I also undertake that so long as I am a student of this college, I will do nothing unworthy (of a student of the college) either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior that will bring down the name of the Institution and my profession.

I hereby undertake that I shall pay the fees and other dues to the Institution promptly on demand.

Date : _____ **Signature of the Applicant** _____ **Signature of the Parent/Guardian** _____



ATHENA INSTITUTE OF HEALTH SCIENCES

(A UNIT OF ACT INDIA REGD)

Athena Hospital Complex, Falnir Road, Mangaluru – 575 001.

Karnataka – India, Tel – 0824-2436678

Paste recent
passport size
colour photo

E-mail : athenahealthsciences@gmail.com

Website : www.athenahealthsciences.edu.in

APPLICATION FOR HOSTEL

Name of the Course :

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1. Name of the Student (in block letters) :

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2. Father's Name :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Mother's Name :

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4. a. Address for Communication :

b. Phone No.with STD code :

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Mobile No. :

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5. Local Guardian if any (Friend or Relative) :

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6. Contact No. :

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7. Visitors Name :

- 1.
- 2.

To
The Administrative Officer
Athena Institute of Health Sciences
Mangalore

Sub : Application for accommodation in Hostel

I have applied for admission to the Course. I intend to stay in the hostel maintained by your college. I therefore request you to provide me an accommodation in the hostel. I have read the rules and regulations of the hostel and I agree to abide by all the conditions.

Yours faithfully

Date : **Signature of the student**

I undertake that my son/daughter/ward would abide by all the conditions/regulations mentioned in the rules and regulations and other conditions of the hostel.

Date : **Signature of the Parent**