



SHINE ABDUR RAZZAQUE ANSARI

INSTITUTE OF HEALTH EDUCATION & RESEARCH CENTRE

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NAME OF THE STUDENT :

FATHER'S NAME :

COURSE : SESSION

CONTACT DETAILS :

PP Photograph
with Sign and
Thumb Impression

Title 1

NAME OF PARENT/GUARDIAN LIVING AT THE HOME ADDRESS

Name of Parent's :

Relationship with the Student :

UID Proof Details :

Address :

Mobile Number :

PP Photograph
with Sign and
Thumb Impression

Title 2

Name of Parent's :

Relationship with the Student :

UID Proof Details :

Address :

Mobile Number :

PP Photograph
with Sign and
Thumb Impression

Title 3

Name of Parent's :

Relationship with the Student :

UID Proof Details :

Address :

Mobile Number :

PP Photograph
with Sign and
Thumb Impression

Important - Instructions

- No Tampering with the form will be allowed and anybody found tampering will be immediately removed from the rolls of the college.
- If anybody's parent/s passes away who will be authorized for that student in that case, it should be intimated in advance via affidavit.
- If anybody gets married midway who will be the guardian thereon, and if husband, then his attested photograph with duly signed consent from the parent/guardian is needed.
- If someone needs to change his guardian it will only be possible after a period of 6 months.
- No false information to be put in form and if anybody does so he/she will be terminated Immediately
- Any other person apart from the authorized person, if he/she comes and puts pressure on authorities for students leave, the parents/students they themselves be responsible for any mishap if so it occurs
- Signatures of parent/guardian to be matched and verified at the time of admission.

AUTH. SIGNATORY