

# APIC Institute of HealthCare Studies

## ENQUIRY FORM

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

(To Be Filled by Applicant only)

Name of Course \_\_\_\_\_

Note : Please use capital letters to fill the form.

1. Name

(As in Matriculation Certificate)

2. Father's/Guardian's Name

3. (a) Correspondence Address

Pin Code

Phone No. (with STD Code)  E-mail

(b) Permanent Address

Pin Code

Phone No. (with STD Code)  E-mail

4. Date of Birth : Day   Month   Year

5. Higher Educational Qualification :

Examinations	Board/University	Subjects	Years of Passing	%

6. Gender :  Male  Female

7. Mode of Learning  Full Time  Distance Learning

I am attaching a Demand Draft of Rs. 200/- to wards the price of prospectus in favour of **"APIC Institute of Healthcare Studies"** Payable at New Delhi.

Name of the Bank \_\_\_\_\_

Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_

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

Signature of Candidate