



U. N. Mehta Institute of Cardiology & Research Centre

(Affiliated to B. J. Medical College, Ahmedabad)

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UNM- 2026-

Rs. 100/-

Application form for Allied & Healthcare Certificate Courses

(These Courses are not registered under National Commission for Allied & Healthcare Profession (NCAHP)

(For Course CODE 14 to 25)

PERSONAL INFORMATION

INSTRUCTION: PLEASE USE CAPITAL LETTERS AND BLUE/ BLACK INK

PERSONAL DETAILS: (Dr./Mr./Miss/Mrs.)

Please paste
your recent
Passport Size
Photograph

1. Name in Full: _____
First Name Middle Name Last Name

2. Address :

Present Address	Permanent Address
Pin Code	Pin Code
Phone (R)	Phone (R)
(M)	(M)
E-mail ID :	

3. Date of Birth : _____ Age : _____ Years

4. Place of Birth : _____ Home Town & State: _____

5. Caste : Gen/SC/ST/OBC/Others Religion: _____

6. Passport No. (If possessed) : _____

7. Driving License No.: _____

8. (✓) Tick whichever is applicable

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

9. Date of Wedding : _____ Day _____ Month _____ Year

10. Identification Mark : _____

11. Other Family Member's Details :-

Name	Age	Relation	Occupation	Monthly Income
		Father		
		Mother		
		Spouse		

12. Known person in UNMICRC, if any _____

13. Do you suffer from any chronic illness? if Yes, give details

14. Emergency Details : (Fill this details compulsory)

Blood Group: _____ **Allergic to:** _____

Last Major illness /Surgery: Month: _____ Year _____

Contact person in case of emergency: _____

Address:

Contact No.: _____

15. Has any court of law in India or abroad ever convicted you? If yes, give details.

16. Your current accommodation :-

Own

Rental

17. Language Known : (Please ✓)

	Speak	Read	Write
Gujarati			
Hindi			
English			

18. Extra curricular Activities / Hobbies :-

19. Academic Details : (Belonging from SSC / Equivalent)

Degree / Diploma	Name of School / College	Board / University	Year of Passing	Stream (Science / General)	Division & %	Trial (If Any)
SSC						
HSC						

20. Computer Literacy: _____

21. Courses / Training Attended :

Subject / Course Title	Duration / Year	Organizing Institution / Organization	Location

22. Interest in Social Activities :(Specify) _____

23. Please give references of persons who know you Professionally & Socially

Name	Position	Address / Telephone Nos.	Relationship	Years known

24. How did you heard about this Course?

News Paper

Friends

Web Site

Other

If other please Specify: _____

Declaration by the Candidate

I hereby state that all the information furnished above is correct and true to the best of my knowledge.

Other additional information / data

Date:

Place:

(Signature of the Student)

Name: _____

NOTE

- Merit will be based on Percentage of B. Sc. than Diploma Biomedical Engineering than General stream Graduate.
- Form & Admission Fees Will be Non Refundable.
- These Courses are not registered under **National Commission for Allied & Healthcare Profession (NCAHP)**

**Photocopy of documents to be submitted with
application form for course code 14 to 25**

- SSC mark sheet
- HSC mark sheet
- Leaving certificate
- All mark sheets of Graduate/ Diploma (Including trials – if any)
- **Attempt / Trial certificate (Compulsory) – Graduate/Diploma**
- Degree / provisional certificate
- ID Proof
- Address proof.
- Passport size photograph