



THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Salt Lake, Sector-1, Kolkata, W.B, PIN – 700 064

Website: <http://www.wbuhs.ac.in>; **EPBX:** (033) 2321 – 3461, (033) 2334 – 6602; **Fax:** (033) 2358 - 0100

Memo. No.: OG / WBUHS /2016-17/0994

Date: 02 / 12 / 2016

NOTICE

With reference to this office memo no. OG/WBUHS/0967/2016-17 dated 28.11.2016 for admission in residual vacant seats in some self-financing courses of the University, the intended candidates are advised to download '**APPLICATION FORM FOR ADMISSION**' attached herewith and submit duly filled-up application form by 15th December, 2016 in the University premises.

sd/
Registrar

APPLICATION FORM FOR ADMISSION

1. Name ::

2. Father's name ::

3. Date of birth ::

4. Address with pin code ::

5. Email address ::

6. Cell number ::

7. Name of the course for admission ::

8. Educational Qualifications ::

a)

b)

c)

9. Year of passing of each examination ::

a)

b)

c)

10. For candidates who are registered in council, Registration no. and year and Name of the council.

11. Bank draft number, Amount (in Rupees) & Name of the bank

Signature of the candidate with date