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PARA MEDICAL COURSES APPLICATION FORM

E-mail:

S.No.	NAME OF COURSE	ELIGIBILITY 10+2 (Science/ Arts/ Commerce)	DURATION
1.	DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY (AHE001)		2 Years
2.	DIPLOMA IN X-RAY AND IMAGING TECHNOLOGY (AHE078)		2 Years
3.	DIPLOMA IN OPERATION THEATRE TECHNOLOGY (AHE005)		2 Years
4.	DIPLOMA IN DIALYSIS TECHNOLOGY (AHE025)		2 Years
5.	DIPLOMA IN IN EEG AND EMG TECHNOLOGY (AHE075)		2 Years
6.	DIPLOMA IN TRAUMA CARE AND CASUALTY TECHNOLOGY (AHE024)		2 Years
7.	DIPLOMA IN OPTOMETRY (AHE016)		2 Years
8.	DIPLOMA IN PHYSIOTHERAPY AND ACTIVITY THERAPY (AHS003)		2 Years
9.	DIPLOMA IN HOMEOPATHY (HS001)		2 Years
10.	DIPLOMA IN DENTAL HYGIENE (AHE049)		1 Year
11.	DIPLOMA IN DENTAL ASSISTANT (AHE082)		1 Year
12.	DIPLOMA IN ORTHO AND TRAUMA CARE TECHNICIAN (AHE020)		1 Year
13.	DIPLOMA IN ECG TECHNICIAN (AHE074)		1 Year
14.	DIPLOMA IN BLOOD BANK ASSISTANT (AHS018)		1 Year
15.	DIPLOMA IN ENDOSCOPY TECHNICIAN ASSISTANT (AHS072)		1 Year
16.	DIPLOMA IN CATH LAB TECHNICIAN ASSISTANT (AHS085)		1 Year
17.	DIPLOMA IN PERFUSION TECHNICIAN ASSISTANT (AHS074)		1 Year
18.	DIPLOMA IN CT SCAN TECHNICIAN (AHE009)		1 Year
19.	DIPLOMA OF MRI SCAN TECHNICIAN (AHE010)		1 Year
20.	DIPLOMA IN PHARMACY ASSISTANT (ASH010)		1 Year

• All courses are affiliated with BHARAT SEVAK SAMAJ estd 1952 http://www.bssve.in PLEASE READ INSTRUCTIONS AT THE END CAREFULLY BEFORE FILLING UP Form No. Name: PLEASE **AFFIX YOUR PHOTOGRAPH** Nationality: Date of Birth: Sex: HERE Category - Gen / SC / ST / OBC: Marital Status: (Sign Across) Name of Parent / Guardian / Spouse : Occuption: Annual Income: Permanent Residential Address: **Current Residential Address:** Phone No. (with STD Code) 2. Contact Mobile No.: 1.

Education Profile: % of Marks/ **Qualifying Examinations** CCWA / CGPA Grade Division S.No. Name of the Institution/ University Year of Passing (Please specify the qualification, Course) 1. 2. 3. Work Experience (If any): Name of the Institution / **Designation/Position held Period of Employment** Reason for leaving S.No. Organisation 1. 2. 3. **Declaration by the Applicant** I hereby declare that the above mentioned information are true and correct to the best of my knowledge and belief. Signature of the Applicant: **Thumb Impression** Place: Name: Date: **Declaration by the Parent/Guardian / Spouse** I hereby confirm having read the above information given by my word and declare that the same are true and correct. Signature of the Parent/Guardian /Spouse Place: Thumb Impression Name: Date: Instructions: FOR OFFICE USE ONLY 1. Please fill in the BLOCK LETTERS only, 2. Columns not applicable may left blank. 3. Use additional sheets if necessary to give more details or If the given

CHECKLIST:

space in Insufficient.

- ☐ 4 PHOTOS
- ☐ 10th CERTIFICATE AND MARKSHEET (SELF ATTESTED AND 2 COPIES)
- ☐ 12th CERTIFICATE AND MARKSHEET (SELF ATTESTED AND 2 COPIES)
- ☐ AADHAR CARD (SELF ATTESTED AND 2 COPIES)

4. Please attach self attested copies of any relevant certificates/documents