



AKAKI TSERETELI STATE UNIVERSITY

59, Tamar Mafe st., 4600 Kutaisi, Georgia



REGISTRATION FORM

Use Block Letters only

Surname	<input type="text"/>																								Affix your Passport Size Photo		
Name	<input type="text"/>																										
Date of Birth	<input type="text"/>		<input type="text"/>		<input type="text"/>																						
Nationality	<input type="text"/>																									Signature	
Father's Name	<input type="text"/>																										
Father's Occupation	<input type="text"/>																										
Father's Income (Annually)	<input type="text"/>																										
Mother's Name	<input type="text"/>																										
Mother's Occupation	<input type="text"/>																										
Mother's Income (Annually)	<input type="text"/>																										
Correspondence Address	<input type="text"/>																										
	<input type="text"/>																										
Land Mark	<input type="text"/>																		Pin Code	<input type="text"/>							
District	<input type="text"/>												State	<input type="text"/>													
Mobile	<input type="text"/>								E-mail ID	<input type="text"/>																	
Alternative Mobile	<input type="text"/>								Year of Passing 12 th	<input type="text"/>																	
Hostel	<input type="text"/>		<input type="text"/>																								
Total PCB	<input type="text"/>		%	Physics	<input type="text"/>		%	Chemistry	<input type="text"/>		%	Biology	<input type="text"/>		%	English	<input type="text"/>		%								
Course Applying for:																											
UG Course	<input type="text"/>				MBBS/MD Physician	<input type="text"/>				MS/MD	<input type="text"/>																

DECLARATION

- A. I hereby declare the above information is true and complete to the best of my knowledge. I am aware that if any information found to be incorrect or incomplete, My application form will be rejected / admission will be cancelled.
- B. I shall abide by its rules & regulations.
- C. I have read and understand all the provisions contained in the prospectus and hereby agree to abide by these provisions and I am aware that all charges / fees paid by me are strictly Non-refundable

Date:

Place:

Authorised Agency

Signature of the Candidate

To, _____

If Underserved Please Return to :



HOPERAY HEALTHCARE

Head Office: H.-No.-189-A-1, F.No. 9 s/f, Malviya Nagar, New Delhi - 110017

Branch Office: Plot No. 50, Flat No. 101, RPS Appartment ,
Kings Road, Nirman Nagar, Jaipur - 302019

www.hoperayhealthcare.com