# BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA

## NATIONAL VOCATIONAL EDUCATION MISSION
## REGISTRATION CUM EXAMINATION APPLICATION

(FILL UP IN CAPITAL LETTERS)

Passport size photograph of the candidate to be affixed

Date:_____

| Institution Approval Number | DLH/8544 |
|---|---|
| Institution Name & Full Address with Pin Code | MEDFRANK INSTITUTE<br><br>HEALTH SCREEN PVT. LTD,<br>E-241, ALLAMA SHIBLI NOMANI RD<br>OKHLA, NEW DELHI, DELHI-110025 |
| Student name in English | |
| Date of birth | |
| Sex | Male    Female |
| Name of the father (or) guardian | |
| Permanent address | |
| Address for communication | |
| Name of the course | |

| Course Duration | _ Months | One Year | Two Year I Year | Two Year II Year | Direct II Year |
|---|---|---|---|---|---|

| Examination for which year | 2 0 ☐ ☐    2 0 ☐ ☐ |
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# BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA

## HALL TICKET

Reg. No: _____

Name of the Candidate: _____

Institution Address: MEDFRANK INSTITUTE,  HEALTH SCREEN PVT. LTD _____

E-241, ALLAMA SHIBLI NOMANI RD, OKHLA, NEW DELHI, DELHI-110025

Passport size photograph of the candidate to be affixed

Course Name: _____

Duration: _____

**Signature of the candidate**

| | |
|---|---|
| Address of School/College in which the candidate last studied | |
| Name of qualifying examination passed with the Reg. Number of Govt. Mark Sheet and year of passing | |
| The Board / University from which the candidate passed the qualifying examination | |
| Details of documents enclosed (Only Xerox Copies) | |

(This examination application should be submitted along with the exam fees)

### DECLARATION BY THE CANDIDATE

I here by declare that the entries made above are correct and that they have been made in my own handwriting.

Station:

Date:                                                                      Signature of the Candidate

**Note: University affiliated College Principal (or) BSS Institute Director (or) Institute Head are authorized to attest on the both student Photographs.**

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His/Her application for examination has been accepted and granted as a candidate for examination to the aforesaid course for 20    – 20

Chennai

Date: …………………..                                    For Controller of Examinations

# BSS STUDENT ID CARD FORM

**(MUST BE FILLEDUP IN CAPITAL LETTERS)**

STUDENT NAME : 

COURSE NAME : _____

COURSE CODE : 

DATE OF BIRTH : 
(As per Tenth Mark sheet)

PASTE YOUR
PASSPORT SIZE

PHOTO HERE

(DO NOT STAPLE)

BLOOD GROUP : _____

STUDENT RESIDENTIAL

ADDRESS : _____

_____

_____

_____PINCODE : 

INSTITUTE NAME : MEDFRANK INSTITUTE

INSTITUTE DISTRICT : SOUTH DELHI

INSTITUTE PINCODE : 110025

INSTITUTE STATE : DELHI

INSTITUTE APPROVAL CODE : | D | L | H | / | 8 | 5 | 4 | 4 | | | | | | | |

**IMPORTANT NOTE :** ALL THE ABOVE DETAILS MUST BE FILLEDUP IN CAPITAL LETTERS PROPERLY. INCOMPLETE AND MISTAKE ID CARD FORMS WILL NOT BE PROCESSED AND THE SAME, NOT NOTIFIED TO YOU.