

DECLARATION BY THE APPLICANT

I (Name)..... here by declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I also understand that I will be disqualified if any of the information is found to be wrong at any level.

Place Signature

Date Name

BANK DETAILS

Account Holder Name : M/S.ASTER DM HEALTH CARE LTD.
Bank & Branch Name : Federal Bank – RT Nagar Branch
Account Type : Cash Credit Account
Account No. : 14725500000852
IFSC Code : FDRL0001472
MICR Code : 560049010
SWIFT Code : FDRLINBBIBD.

DECLARATION OF THE GUARDIAN

I (Name)..... promise and undertake, in the event of the above applicant being admitted, to pay regularly all the fees including hostel fees, till the completion of the course.

Place Signature

Date Name

Note :-

- 1 True copies of certificates/documents in support of columns 4 & 7 should be attached along with the application
2. Original certificates need be produced at the time of interview only.
3. Last date for receiving the filled in application is 25th March 2021
4. Application Fee Rs. 1500/-

FOR OFFICE USE ONLY

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