



ST JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES

ST. JOHN'S GERIATRIC CENTRE

Sarjapur Road, Bengaluru, Karnataka 560034

APPLICATION FOR HEALTH CARE ASSISTANCE COURSE – 03

Course starts from February 27th, 2023 to May 20th, 2023

Last Date for submission – 15th February, 2023

Passport size
Photograph

1. Name (Capital letters)	
2. Father's / Husband (if married) name	
3. Age and Date of Birth	
4. Educational Qualification	1. 2.
5. Additional Qualification if any	
6. Work Experience	
7. Total Family Income	
8. Present Address	
9. Permanent Address	
10. Contact numbers	
11. ID Number (Aadhar number preferred)	
12. In emergency, contact person with phone number	Name: Phone number:
13. Area of interest	
14. SPONSORSHIP REQUIRED	YES/ NO
Documents Attached:	
1. SSLC (10 th) / PUC Marks Card	Yes / No
2. Additional qualification certificate	Yes / No
3. Aadhar Card Copy	Yes / No
If Aadhar card copy not submitted, then	
4. Address Proof	Yes / No
5. Age proof (Birth Certificate / 10 th Marks Card)	Yes / No

I declare that the information given above and documents/certificates submitted along with the application form are true and correct.

Date:

Signature of Candidate

A. PHYSICAL SUBMISSION: The completed form along with attachments must be handed over to :
DR DEEPTHI SHANBHAG, DEPARTMENT OF COMMUNITY HEALTH, 1ST FLOOR, COLLEGE BUILDING, ST JOHN'S MEDICAL COLLEGE BANGALORE PH 080 4946 6133

B. ONLINE SUBMISSION: Mail the completed form and scanned copies of attachments to :
DR DEEPTHI SHANBHAG at deepthi.s@stjohns.in