



# eRAD SOL

A complete Radiology business solutions

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## APPLICATION FOR \_\_\_\_\_ COURSE

PLEASE FILL ALL THE BELOW DETAILS IN CAPITAL LETTERS ONLY

FULL NAME :

S/O, D/O, GUARDIAN:

QUALIFICATION :

POSTAL ADDRESS WITH PIN CODE:

Affix Recent  
Passport  
Photograph

ADMISSION REQUIRED INTO \_\_\_\_\_ COURSE (WRITE COURSE NAME)

COURSE DURATION :

COLLEGE NAME :

COLLEGE CODE :

CONTACT NO :

ALT MOBILE NO :

E-MAIL ID :

DATE-OF-BIRTH :

AADHAR No :

**Optional:**

Caste/Sub caste :

SIGNATURE OF THE STUDENT

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