



# INSTITUTE OF GERONTOLOGY AND GERIATRICS

Lalit Narayan Mithila University  
Kameshwaranagar, Darbhanga – 846008

## 6-MONTHS ADD ON CERTIFICATE COURSE IN GERONTECHNOLOGY

Session : July /January 20.....

1. Name : \_\_\_\_\_
2. Gender : \_\_\_\_\_
3. Nationality : \_\_\_\_\_
4. Religion : \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_
6. Blood Group : \_\_\_\_\_
7. Present Age : \_\_\_\_\_ Years \_\_\_\_\_ months
8. Father's/Guardian's Name : \_\_\_\_\_
9. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
10. Contact No. , if any : \_\_\_\_\_
11. E-mail ID, if any : \_\_\_\_\_
12. Category (Tick out which one is applicable) : GENERAL/SC/ST/OBC/OTHERS
13. Details of Examinations passed (10<sup>th</sup> onward) :

Sl. No.	Examination	Board/University	Year of Passing	Div./Class	% Marks in aggregate

14. Research Degree. If any :
15. Details of Course presently undertaken, if any :

I, Mr. /Ms \_\_\_\_\_ hereby declare that I shall maintain honesty, punctuality and discipline throughout the course. I also undertake that the information above is true to the best of my knowledge.

### Enclosures :

1. Attested copies of Marks sheets
2. Caste Certificate (for reservation category only)

*Signature with Date*