

FATHER COLOMBO COLLEGE OF ALLIED HEALTH SCIENCES
Warangal

STUDENTS CHECK LIST

1. Printout of Filled in Online Application Form.
2. KNRUHS Allotment Orders.
3. *Birth Certificate (SSC MARKS MEMO).
4. *Qualifying Exam Certificate (**Intermediate Marks Memo OR Equivalent – Grade Certificate**).
5. *Study Certificates from 9th to 10th Standard (**Study and Conduct /Character Certificate.**)
6. *Intermediate Study Certificate (10+2).
7. *Transfer Certificate.
8. *Latest Economically Weaker Section (**EWS**) Certificate.
9. *Latest Caste Certificate (**If Applicable**) with Father Name.
10. *Latest Parental Income Certificate.
11. *Minority Certificate – Muslim only (**If Applicable**).
12. *Residence Certificate of the Candidate or either parent issued by MRO/Tahsildar of Telangana/AP for a period of Ten Years.
13. Aadhaar Card
14. *Bridge Course Certificate.
15. Discontinuation Bond for KNRUHS (**On Rs.20/- Non-Judicial Stamp Paper**)
16. Discontinuation Bond for FCCAHS (**On Rs.20/- Non-Judicial Stamp Paper**)
17. *Genuineny Bond (**On Rs.20/- Non-Judicial Stamp Paper**).
18. *Form I Anti Ragging Bond (**affidavit by student**) (**On Rs.20/- Non-Judicial Stamp Paper**).
19. *Form II Anti Ragging Bond (**affidavit by parent/guardian**) (**On Rs.20/- Non-Judicial Stamp Paper**).
20. Gap Certificate.
21. All the Above Certificates (**03 Sets Xerox**).
22. Candidate's Recent Passport Size Photographs - 06 Nos.
23. Demand Draft-No _____ Date _____ Rs. _____

Sd/-
Principal.

* All Original documents.

**FATHER COLOMBO COLLEGE OF ALLIED HEALTH SCIENCES
Warangal**

DECLARATION

I, hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application forms and also in all the enclosures there to submit by me is true and correct. I have not kept any information furnished there in is fraudulent, incorrect of untrue material particulars. I realize that am liable to criminal prosecution and I also agree to forego my seat in the college.

I shall abide by the decision of the selection committee of B.Sc. Allied Health Sciences, Principal, Father Colombo College of Allied Health Sciences, Warangal; KNR University of Health Sciences, Warangal, and Director of Medical Education, T.S., Hyderabad. Their decision shall be final and binding on me.

I shall abide by the Rules & Regulations of the college at present in force and to be framed from time to time by the competent authorities.

SIGNATURE OF THE CANDIDATE.

I have read the information furnished by me Son/Daughter/ward and affirm that it is true and if it is provided that the information was fraudulent, I am liable to criminal Prosecution During his/her study period in the Father Colombo College of Allied Health Sciences, Warangal, if my Son/Daughter involved in any unsocial and criminal activities or his/her character and conduct found to be not up to the satisfaction of the Teachers, I agree for his/her dismissal from the course.

Date:

SIGNATURE. OF THE FATHER/GAURDIAN
IF FATHER IS NOT ALIVE.

OFFICIAL ADDRESS & Ph.No:

RESIDENTIAL ADDRESS & Ph.No.

**FATHER COLOMBO COLLEGE OF ALLIED HEALTH SCIENCES
Warangal**

REQUISITION FOR IDENTITY CARD – 2024-25

To be filled BLOCK LETTERS

Name of the Student:

Affix Passport
Size Photo

Department/Course:

Signature of the student.

Batch:

Date of Birth:

Blood Group:

Full Permanent Address:
With Pin Code

Mobile No:

Kindly Issue Identity Card.

PRINCIPAL.
FCCAHS, WARANGAL.

FATHER COLOMBO COLLEGE OF ALLIED HEALTH SCIENCES
Warangal

STUDENT DETAILS FOR ADMISSION INTO
1st AHS COURSE FOR THE ACADEMIC YEAR 2024-2025

Photo

COURSE:

Date:

WRITE IN CAPITAL LETTERS ONLY

1.	NAME OF THE CANDIDATE (AS PER INTER OR EQUIVALENT)	
2.	FATHER'S NAME (AS PER INTER OR EQUIVALENT)	
3.	DATE OF BIRTH AS PER SSC: AGE:	PLACE OF BIRTH:
4.	GENDER: MALE / FEMALE	PHYSICALLY HANDICAPPED: YES/NO
5.	CATEGORY: (OC/OBC/SC/ST)	SUB-CASTE:
6.	NATIONALITY:	RELIGION:
7.	STUDENT AADHAR CARD NO.	
8.	INTERMEDIATE (TS/AP STATE BOARD CBSE/ICSE/OTHERS)	
9.	IDENTIFICATION MARKS:	1. 2.
10.	BLOOD GROUP	
11.	PERMANENT ADDRESS WITH PIN CODE:	
12.	FATHER MOBILE NO:	STUDENT MOBILE NO.
13.	STUDENT E-Mail ID (IN CAPITAL LETTERS)	
14.	FATHER'S OCCUPATION & ANNUAL INCOME	

DEAN :

CHIEF ADMINISTRATIVE OFFICER :

ACADEMIC SECTION :

ACCOUNTS SECTION :

Description of Courses	Medium of Instruction	Name of the School/College	Year of Passing	Board / University
SSC				
Intermediate				

Marks obtained in the qualifying examination:

Subject	Max. Marks	Marks Scored	Percentage %
Botany	150		
Zoology	150		
Physics	150		
Chemistry	150		
Total	600		

Subject	Max. Marks	Marks Scored	Percentage %
English	200		
Inter Total Marks	1000		

Declaration by the Candidate

I, _____ declare that the information given above is true to the best of my knowledge.

Signature of the Parent/Guardian

Signature of the Candidate.