

## AUSTRALIAN HEALTHCARE BRIDGE PROGRAM\* APPLICATION FORM

Form No. : .....

Please furnish all information by filling in the PDF Form or by using BLOCK CAPITALS in blue or black ink and completing the check-boxes as appropriate. This Application Form must be completed in all respects and signed before submission.

**Please provide self-attested copies of the documents as mentioned in the document checklist below:**

12th Class Marksheet & Certificate

Address Proof (Adhaar Card)

Graduation Marksheet & Certificate (as applicable)

Two Passport Size Photographs

Proof of Work Experience (minimum 2-years)

Nurse Registration Certificate

### PERSONAL DETAILS



Affix Applicant's  
Recent  
Photograph

Affix Applicant's  
Recent Photograph

First Name : .....

Last Name : .....

Date of Birth : ..... Age : .....

Nationality : ..... Gender : .....

Landline No. : ..... Mobile : .....

E-mail ID : ..... Aadhaar No.: .....

Present Address : .....

Permanent Address : .....

### PROGRAM DETAILS

**Healthcare Program Applied For:** .....

Consult counselor for role profile details and options; INLEAD reserve the right to alter specific role profiles at their sole discretion.

### EDUCATION AND SKILLS

#### Academic Qualifications

(Enter most recent first)

Qualification	Institute / University / School Board	Duration		%
		From	To	
1.				
2.				
3.				
4.				

## WORK EXPERIENCE (if applicable)

Organization	Job Title & Role Summary	Period	
		From	To
1.			
2.			

## GENERAL INFORMATION

Father's Name : ..... Occupation : .....

Mother's Name : ..... Occupation : .....

### Emergency Information:

Blood Group : ..... Emergency Contact No. : .....

Are you suffering from any major illness?  YES  NO

If yes, please furnish the details .....

## PROGRAM ELIGIBILITY & FEE

**Program Eligibility:** Indian Nationals in the age bracket of 21-35 years (as on date of application) holding a Bachelor of Science in Nursing or GNM/ANM Diploma from a recognized institute AND having a minimum of 2-years of relevant work experience can apply to the Program. Eligible Applicants can submit their Application ALONG WITH ALL REQUIRED DOCUMENTS via e-Mail sent to ahbp@inlead.in; or downloading and couriering the completed Application Form to the following address:

*AUSTRALIA HEALTHCARE BRIDGE PROGRAM ADMISSIONS  
81-P Sector-34 NH-48 Gurugram-122004, Haryana.*

**Application Fee:** NIL.

**Program Fee:** Refer to *Australian Healthcare Bridge Program Fact Sheet* for detailed fee information.

## DECLARATION

**The Applicant and Guardian/Parents hereby declare that:**

- The particulars furnished in this Application Form are true to the best of our knowledge and belief, and I/We have not knowingly withheld any information that may affect the consideration of application unfavorably.
- I/We shall be deemed guilty of gross default/misconduct if it is found that declarations in this Application Form are false in any respect; and in such an event, *INLEAD* shall have a right to terminate the admission of the applicant without prior notice.
- I/We have fully read, understood and agree to abide by the terms and conditions as well as Student Policies applicable to the Program.
- I/We agree that any or all matters / dispute that may arise out of this application or subsequent admission through this application shall be subject to resolution solely under the Arbitration & Reconciliation Act of 1996 and subsequent amendments thereof by a sole arbitrator appointed by *Joint Associate Partners* and the Arbitration being conducted as per the laws of Courts at New Delhi.
- The Applicant has never been convicted by a Court of Law for any criminal offence and sentenced to imprisonment nor has any criminal proceedings pending before any Court of Law.

**Signature of Applicant** : ..... **Signature of Parent** : .....

**Name of Applicant** : ..... **Name of Parent** : .....

**Place** : ..... **Date** : .....