



**Click here For  
Registration**

**WELCOME TO INSTITUTE OF HEALTH & CHILD EDUCATION**

**Click here For  
Registration(Link)**

**HEALTH  
SUPERVISOR /  
COORDINATOR**

**online  
IHCE  
OFFERED**

**SAHAYAK BLOCK  
HEALTH MITRA**

**MITRA**

**Complete Notification of Health Supervisor/Coordinator, Block Swasthya Mitra, Shayak Block Swasthya Mitra by IHCE**

**Latest Update**

#### ABOUT IHCE

Institute of Health & Child Education has been established as a premier, specialist, autonomous and self-sustained testing organization to conduct entrance examinations for admission/fellowship in vocational and diploma programmes.

To assess competence of candidates for admissions and recruitment has always been a challenge in terms of matching with research based international standards, efficiency, transparency and error free delivery.

**Click here For  
Registration**

**Read More >**

#### Applicant Segment

#### Notice Board

#### View All

<p><b>Online Form Submission</b></p> <p><b>Know Your Status</b></p> <p><b>Condidate Help</b></p>	<p>Candidate Registrations</p>	<p>Result</p>
	<p>Photo with Signature uploading</p>	<p>Admission/ Admit Card</p>
	<p>Address Details Submission</p>	<p>Important Court order Download</p>
	<p>Application Fee Deposition</p>	
	<p>Print Application Form</p>	

**5 September 2023**  
स्वास्थ्य एवं बाल शिक्षा संस्थान (Institute of Health & Child Education) द्वारा स्वास्थ्य सुपरवाइजर / कोऑर्डिनेटर , ब्लॉक स्वास्थ्य मित्र ,सहायक ब्लॉक स्वास्थ्य मित्र का पूर्ण नोटिफिकेशन

**5 September 2023**  
स्वास्थ्य एवं बाल शिक्षा संस्थान (Institute of Health & Child Education) द्वारा आंगनबाड़ी पाठ्यक्रम - आंगनबाड़ी सुपरवाइजर , आंगनबाड़ी टीचर , आंगनबाड़ी वर्कर (कार्यकर्मी) पाठ्यक्रमों (केवल महिलाओं के लिए) में प्रवेश हेतु नोटिफिकेशन जारी

**Click here to read complete Notification for Registration**

## Institute of Health and Child Education

Institute of Health and Child Education (IHCE) is a registered trust under the India Trust ACT, 1882

**दैनिक भास्कर**

**दैनिक भास्कर**

स्वास्थ्य एवं बाल शिक्षा संस्थान  
**INSTITUTE OF  
HEALTH & CHILD EDUCATION**  
**आंगनबाड़ी  
नोटिफिकेशन जारी**  
तारखे डेट: 31/10/2023

**दैनिक जागरण**

**जागरण  
Josh**

**INSTITUTE OF  
HEALTH & CHILD EDUCATION**  
स्वास्थ्य एवं बाल शिक्षा संस्थान  
आंगनबाड़ी सुपरवाइजर, आंगनबाड़ी टीचर ,  
आंगनबाड़ी वर्कर (कार्यकर्मी) प्रशिक्षण-2023  
**APPLY  
ONLINE**

**हिन्दुस्तान**

**हि**

**INSTITUTE OF  
HEALTH & CHILD EDUCATION**  
**आंगनबाड़ी  
नोटिफिकेशन-2023**

**अमर उजाला**

**अमर  
उजाला**

स्वास्थ्य एवं  
बाल शिक्षा संस्थान  
**आंगनबाड़ी प्रवेश**  
ऑनलाइन सूचना-2023  
अंतिम तिथि: 31/10/2023

**दैनिक भास्कर**

**दैनिक  
भास्कर**

स्वास्थ्य एवं बाल शिक्षा संस्थान  
**INSTITUTE OF  
HEALTH & CHILD EDUCATION**  
**आंगनबाड़ी  
नोटिफिकेशन जारी**  
तारखे डेट: 31/10/2023

**दैनिक जागरण**

**जागरण  
Josh**

**INSTITUTE OF  
HEALTH & CHILD EDUCATION**  
स्वास्थ्य एवं बाल शिक्षा संस्थान  
आंगनबाड़ी सुपरवाइजर, आंगनबाड़ी टीचर ,  
आंगनबाड़ी वर्कर (कार्यकर्मी) प्रशिक्षण-2023  
**APPLY  
ONLINE**





[Home](#) > Advertisement

Advertisement Applicable for online Submission Only

**Click here to  
view Instructions**

**Click here to  
APPLY**

S.No.	Program Name	Admission Type	Advertisement Number / Date	Registration Start Date/ Last Date	Instruction	Apply
1	Institute of Health & Child Education	Direct	01/2023 (01/08 Batch) 31/10/2023	05/09/2023 29/10/2023	<a href="#">User Instructions</a> <a href="#">View Advertisement</a>	<a href="#">CLICK HERE</a>
2	Anganwadi Entrance Programme	Direct	01/2023 (01/09 Batch) 05/11/2023	05/09/2023 04/11/2023	<a href="#">User Instructions</a> <a href="#">View Advertisement</a>	<a href="#">CLICK HERE</a>

**Click here to  
view Advertisement**



HELPDESK - (FOR ENQUIRY) : 7500357003 / 7830036166

Advertisement Applicable for online Submission Only

Click here to  
view Advertisement

Click here to  
view Instructions

S. No.	Program Name	Admission Type	Advertisement Number / Date	Registration Start Date/ Last Date	Fees Deposition / Form Submission Last Date	Instruction
1	Institute of Health & Child Education	Direct	01/2023 (01/08 Batch) 31/10/2023	05/09/2023 29/10/2023	31/10/2023 31/10/2023	<a href="#">User Instructions</a> <a href="#">View Advertisement</a>
स्वास्थ्य एवं बाल शिक्षा संस्थान प्रशिक्षण कार्यक्रमों में प्रवेश			Direct	विज्ञापन सं.	01/2023 (01/08 Batch)	
आयु की गणना			31/03/2023	ऑनलाइन आवेदन की प्रारम्भिक तिथि	05/09/2023	

Programme Name	Sr. No.	Course Name	Duration	Qualification	Opt Option
Institute of Health & Child Education	1	Health Supervisor /Coordinator	2.5 Year	Graduate	<a href="#">APPLY NOW</a>
	2	Block Health Mitra	1.5 Year	Intermediate or Equivalent	<a href="#">APPLY NOW</a>
	3	Sahayak Block Health Mitra	1 Year	High School or Equivalent	<a href="#">APPLY NOW</a>

Click here for  
Registration

Advertisement Applicable for online Submission Only

S. No.	Program Name	Admission Type	Advertisement Number / Date	Registration Start Date/ Last Date	Fees Deposition / Form Submission Last Date	Instruction
1	Anganwadi Entrance Programme	Direct	01/2023 (01/09 Batch) 05/11/2023	05/09/2023 04/11/2023	05/11/2023 05/11/2023	<a href="#">User Instructions</a> <a href="#">View Advertisement</a>
आंगनवाड़ी प्रशिक्षण कार्यक्रमों में प्रवेश			Direct	विज्ञापन सं.	01/2023 (01/09 Batch)	
आयु की गणना			31/03/2023	ऑनलाइन आवेदन की प्रारम्भिक तिथि	05/09/2023	

Programme Name	Sr. No.	Course Name	Duration	Qualification	Opt Option
Anganwadi Entrance Programme	1	Anganwadi Supervisor	4 Months	Graduate	<a href="#">APPLY NOW</a>
	2	Anganwadi Teacher	6 Months	Intermediate Or Equivalent	<a href="#">APPLY NOW</a>
	3	Anganwadi Worker (Karyakatri)	4 Months	High School Or Equivalent	<a href="#">APPLY NOW</a>

Click here for  
Registration



◀ Go Back Please read the instructions and procedures carefully before applying.

Please read the instructions and procedures carefully before applying.

» Please note that the following details are required to successfully complete the process of admission.

कृपया ध्यान दें कि आवेदन प्रक्रिया को सफलतापूर्वक पूर्ण करने के लिए निम्नलिखित विवरण आपके पास होना आवश्यक है।

Before filling up the application, candidates are advised to read the detailed Advertisement carefully.

Sr. No.	Details
1	Documents related to Essential Qualifications for the course
2	Photograph & Signature (jpg./jpeg./tif./png format)
3	Debit card/ Net banking/QR Code/ UPI for payment of Application processing fee of 500/- (400/- for SC/ST) only

Advertisement Number	Programme Name	Course Name	Duration
01/2023 (01/08 Batch)	Institute of Health & Child Education	Health Supervisor /Coordinator	2.5 Year

**Important Note:**

- Applicants must ensure that he/she possess eligibility criteria against the Course being applied for.

(Instructions for applicants for filling application form):-

ENGLISH

Please keep all the necessary information and scanned images(s) of Photograph, Signature ready before you start filling the On-Line Registration Form. a personal Mobile Number and / or a personal E-Mail ID.  
Candidates have to apply through ONLINE / OFFLINE mode.

→ Name and Date of Birth as per High School Mark Sheet/Certificate

→ Name of the Intermediate Educational Board, Year of passing, Roll Number etc

→ 10th and 12th : Name of the Educational Board, Year of passing, Roll Number, Obtained Mark, Total Mark and Grade equivalent Percentage ( In case of Grade System).

Candidates must ensure that they possess the required qualifications and meet the eligibility criteria.

If the candidate is found ineligible at any stage of admission process, he/she will be disqualified and his/her candidature will be cancelled. Hiding of information or submitting false information will lead to cancellation of candidature at any stage of admission.

Please ensure that you are filling genuine Registration form available online / offline at IHCE website .

**अभ्यर्थी द्वारा की जाने वाली सामान्य घोषणा (General declaration to be submitted by the applicant) :-**

मैं एतद्वारा घोषणा करता/करती हूँ कि आवेदन की अंतिम तिथि तक निर्धारित सभी शैक्षणिक/अन्य पात्रता मानदंडों को पूरा करता/करती हूँ। मैं अवगत हूँ कि मेरे द्वारा प्रस्तुत की गई कोई भी जानकारी गलत/असत्य पाये जाने की दशा में मेरा अभ्यर्थन निरस्त कर दिया जाएगा।

I hereby declare that I fulfil all the educational/ other eligibility criteria prescribed for the course being applied for, as on the last date of application. I am aware that in case any of the information submitted by me is found to be incorrect or false, then my candidature shall be liable to be Rejected.

I have read the instructions and accept the above declaration

I Agree Decline

**Read the Complete Instructions.  
Click Declaration & Check Box and then Press  
I Agree Button**



HOME



APPLY ONLINE



FEE DEPOSIT



LOGIN



ADMISSION LETTER



NOTICE

[About Us](#)[Advertisements /Notice](#)[Contact Us](#)[FAQ](#)[Programme List](#)[Constitution](#)[Other Links](#)[Apply Online](#)

HELPSDESK - (FOR ENQUIRY) : 7500357003 / 7830036166

[Home](#) > [Advertisements /Notice](#) > Candidate Basic Registration

1 Application 2 Address Details 3 Upload Photo & Signature 4 Fee Deposit 5 Print Application Form

## HEALTH SUPERVISOR /COORDINATOR

Advertisement Number:	<input type="text"/>	Applied For:	<input type="text"/>	Advertisement Name:	<input type="text"/>
Date for Calculating Age	<input type="text"/>	Type of Admission	<input type="text"/>	Duration:	<input type="text"/>

## CANDIDATE'S PERSONAL INFORMATION

Candidate's Name (Max. 35 Chars.)	Mother's Name (Max. 35 Chars.)	Father's/Husband's Name (Max. 35 Chars.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Select Category	Date Of Birth (DD/MM/YYYY)	Select Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	Are you Married ?	Mobile Number
INDIAN	<input type="text"/>	<input type="text"/>
Email ID	Select Identity Card	Enter Identity Card Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## HIGH SCHOOL , INTERMEDIATE BOARD , GRADUATE YEAR OF PASSING &amp; ROLL NUMBER DETAILS \* ↓

Sr. No	Examination Passed	Board Name/ Institute/ University	Year of Passing	Roll Number	Is Grade System	Obtained Marks/CGPA	Total Marks	Percentage
1	HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	INTERMEDIATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	GRADUATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Declaration:-** I hereby declare that I have submitted only one application form and all the above informations are correct & true to the best of my knowledge and belief. In case of any discrepancy you are entitled to cancel my admission at any time.

Enter Captcha Code \*

CAPTCHA is valid.

Coptcha Code



**Click here to  
SUBMIT**



[Candidate Home Page](#)> [Notification/Advertisements](#)> [Candidate Basic Registration](#)

1 Application 2 Address Details 3 Upload Photo & Signature 4 Fee Deposit 5 Print Application Form

REGISTRATION IS NOT COMPLETED

## Candidate's Application Form

### CANDIDATE'S PERSONAL INFORMATION

Registration Number :

Duration :

Candidate Name :

Mother's Name :

Category : GENERAL

Mobile Number :

Applied For :

Father's/ Husband's Name :

Date Of Birth :

Gender :

Are you Married ? :

Email ID :

### HIGH SCHOOL , INTERMEDIATE BOARD , GRADUATE YEAR OF PASSING & ROLL NUMBER DETAILS \* ↓

Sr. No	Examination Passed	Board Name/ Institute/ University	Year of Passing	Roll Number	Is Grade System	Obtained Marks/CGPA	Total Marks	Percentage
1.	HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	INTERMEDIATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	GRADUATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Note ↓

- Please check all the details filled before submitting. Once the form has been submitted, it can not be edited.
- Please note down your registration number  for future communication.
- Your application will be incomplete if the required fee is not paid.
- Fee can be paid through payment gateway.
- Final application can be submitted latest by 23:59 hrs on/before **31/10/2023**.
- **\*Please try to submit well before the last date to avoid unnecessary network traffic congestion.**

I declare that I have read the user instructions & detailed advertisement

[Edit](#) [Click here to Proceed For Address Details](#)

**Read Note Carefully  
& Click Declaration**

**For Any Change Click  
on EDIT Button**

**Click here to Proceed for  
Address Details**

[Candidate Home Page](#) > [Notification/Advertisements](#) > [Candidate Basic Registration](#)

1 Application 2 Address Details 3 Upload Photo & Singnature 4 Fee Deposit 5 Print Application Form

## ↓ CANDIDATE REGISTRATION FORM ↓

## CANDIDATE'S PERSONAL INFORMATION

Advertisement Name :	<input type="text"/>	Applied For :	<input type="text"/>
Registration Number :	<input type="text"/>	Father's/ Husband's Name :	<input type="text"/>
Candidate Name :	<input type="text"/>	Date Of Birth :	<input type="text"/>
Mother's Name :	<input type="text"/>	Gender :	<input type="text"/>
Category :	<input type="text"/>	Are you Married ? :	<input type="text"/>
Mobile Number :	<input type="text"/>	Email ID :	<input type="text"/>

## HIGH SCHOOL , INTERMEDIATE BOARD , GRADUATE YEAR OF PASSING &amp; ROLL NUMBER DETAILS \* ↓

Sr. No	Examination Passed	Board Name/ Institute/ University	Year of Passing	Roll Number	Is Grade System	Obtained Marks/CGPA	Total Marks	Percentage
1.	HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	INTERMEDIATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	GRADUATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>

## ADDRESS DETAILS \* ↓

 Same As Permanent Address

## Permanent Address \*

Name :	<input type="text"/>
House No./Village :	<input type="text"/>
Street No./PO :	<input type="text"/>
Locality/Kasba/City :	<input type="text"/>
State Name :	<input type="text"/>
District Name :	<input type="text"/>
Pin Code :	<input type="text"/>

## Correspondence/ Mailing Address \*

Name :	<input type="text"/>
House No./Village :	<input type="text"/>
Street No./PO :	<input type="text"/>
Locality/Kasba/City :	<input type="text"/>
State Name :	<input type="text"/>
District Name :	<input type="text"/>
Pin Code :	<input type="text"/>

 I accept the following declaration

- I hereby declare that I have read all term & condition according advertisement and I accept it.
- I hereby declare that all the entries/ statements made in this application are true, complete and correct to the best of my knowledge and belief.
- In the event of any information being found false or incorrect or ineligibility being detect before or after Admission, the Institute can take action against me as per rule in case it is detected that I have misled IHCE on any issue then I will solely responsible for all penal consequences thereof.

## NOTE ↓

- Please check all the details filled before submitting. Once the form has been submitted, it can not be edited.
- Please note down your registration number **0820231100001** for future communication.
- Your application will be incomplete if the required fee is not paid.
- Fee can be paid through payment gateway.
- Final application can be submitted latest by 23:59 hrs on/before **31/10/2023**.
- \*Please try to submit well before the last date to avoid unnecessary network traffic congestion.**

Submit

Close

Click here to  
**SUBMIT**

[Candidate Home Page](#) > [Notification/Advertisements](#) > [Candidate Basic Registration](#)

- 1 Application   2 Address Details   3 Upload Photo & Singnature   4 Fee Deposit   5 Print Application Form

↓ CANDIDATE REGISTRATION FORM ↓

## CANDIDATE'S PERSONAL INFORMATION

Advertisement Name :	<input type="text"/>	Applied For :	<input type="text"/>
Registration Number :	<input type="text"/>	Father's/ Husband's Name :	<input type="text"/>
Candidate Name :	<input type="text"/>	Date Of Birth :	<input type="text"/>
Mother's Name :	<input type="text"/>	Gender :	<input type="text"/>
Category :	<input type="text"/>	Are you Married ? :	<input type="text"/>
Mobile Number :	<input type="text"/>	Email ID :	<input type="text"/>

## HIGH SCHOOL , INTERMEDIATE BOARD , GRADUATE YEAR OF PASSING &amp; ROLL NUMBER DETAILS \* ↓

Sr. No	Examination Passed	Board Name/ Institute/ University	Year of Passing	Roll Number	Is Grade System	Obtained Marks/CGPA	Total Marks	Percentage
1.	HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	INTERMEDIATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	GRADUATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO	<input type="text"/>	<input type="text"/>	<input type="text"/>

## ADDRESS DETAILS \* ↓

 Same As Permanent Address

## Permanent Address \*

Name :	<input type="text"/>
House No./Village :	<input type="text"/>
Street No./PO :	<input type="text"/>
Locality/Kasba/City :	<input type="text"/>
State Name :	<input type="text"/>
District Name :	<input type="text"/>
Pin Code :	<input type="text"/>

## Correspondence/ Mailing Address \*

Name :	<input type="text"/>
House No./Village :	<input type="text"/>
Street No./PO :	<input type="text"/>
Locality/Kasba/City :	<input type="text"/>
State Name :	<input type="text"/>
District Name :	<input type="text"/>
Pin Code :	<input type="text"/>

## NOTE ↓

- Please check all the details filled before submitting. Once the form has been submitted, it can not be edited.
- Please note down your registration number **082023100004** for future communication.
- Your application will be incomplete if the required fee is not paid.
- Fee can be paid through payment gateway.
- Final application can be submitted latest by 23:59 hrs on/before **31/10/2023**.
- \*Please try to submit well before the last date to avoid unnecessary network traffic congestion.**
- I hereby declare that I have read all term & condition according advertisement and I accept it.
- I hereby declare that all the entries/ statements made in this application are true, complete and correct to the best of my knowledge and belief.
- In the event of any information being found false or incorrect or ineligibility being detect before or after Admission, the Institute can take action against me as per rule in case it is detected that I have misled IHCE on any issue then I will solely responsible for all penal consequences thereof.

[Edit](#)[Click Here To Proceed For Photo And Signature](#)

**For Any Change Click  
on EDIT Button**

**Click here to Proceed for  
Photo and Signature**





- 1 Application 2 Address Details 3 Upload Photo & Singnature 4 Fee Deposit 5 Print Application Form

## CANDIDATE'S PERSONAL INFORMATION

Advertisement Name : Registration Number : Candidate Name : Mother's Name : Category : Mobile Number : Applied For : Father's/ Husband's Name : Date Of Birth : Gender : Are you Married ? : Email ID : 

## ↓ PHOTO &amp; SIGNATURE UPLOAD ↓

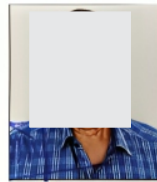
**NOTE:** A recent, CLEARLY recognizable passport size photograph (35mm x 55mm) should be uploaded by the candidate in the online application form and the signature uploaded should be clear and legible. Candidates are also advised not to change their appearance till the process is completed.

## Scanned Photograph of the Candidate

Choose File NO FILE CHOSEN

Image should be of size W \* H (35 MM \* 45 MM) in .jpg or .jpeg, and tif format and should not exceed 50KB.

**Upload  
 Photograph**



Submit

RESET

## Scanned Signature of the Candidate

Choose File NO FILE CHOSEN

Image should be of size W \* H (20 MM \* 30 MM) in .jpg or .jpeg, and tif format and should not exceed 20KB.

**Upload  
 Signature**



Submit

RESET

Click here to Proceed for Payment

**Click here to  
 Proceed for Payment**



1 Application

2 Address Details

3 Upload Photo &amp; Singnature

4 Fee Deposit

5 Print Application Form

PAYMENT

Your application details are saved successfully against the registration number :

Please pay the required fee then only your application will be submitted.

Fee	Payment gateway charge	Fee to be deposited
₹ <input type="text"/>	<input type="text"/>	₹ <input type="text"/>

[Click Here To Pay The Required Fee](#)

**Click here to  
PAY**

NOTE

- Please Note Down Candidate Registration No. for Future communication.
- Your Application will be treated as **incomplete** unless accomplished by application form fee and uploading of photograph with signature & the detailed application form submission.
- Deposition of required FEE** will be paid by **Net Banking / Debit Card / Credit Card** after the detailed application form submission on the web Portal.
- Detailed application form submission will be **stopped after 23:59 hrs** of the last date of form submission given in the advertisement.
- please do submit at an early date to avoid delay/problems in submission due to heavy network traffic on the last date.**



HOME



APPLY ONLINE



FEE DEPOSIT



LOGIN



ADMISSION LETTER



NOTICE

[Candidate Home Page](#) > [Notification/Advertisements](#) > [Candidate Basic Registration](#)

[1 Application](#)
[2 Address Details](#)
[3 Upload Photo & Signature](#)
[4 Fee Deposit](#)
[5 Print Application Form](#)

Click here to take  
the **FINAL PRINT**

↓ CANDIDATE REGISTRATION FORM ↓

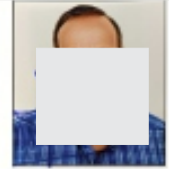
REGISTRATION DETAILS

Registration Number :

[REDACTED]

Advertisement Number :

01/2023 (01/08 Batch)



CANDIDATE'S PERSONAL INFORMATION

Advertisement Name : [REDACTED]

Applied For : [REDACTED]

Candidate Name : [REDACTED]

Mother's Name : [REDACTED]

Father's/ Husband's Name : [REDACTED]

Category : [REDACTED]

Date Of Birth : [REDACTED]

Gender : [REDACTED]

Nationality : [REDACTED]

Are you Married ? : [REDACTED]

Mobile Number : [REDACTED]

Email ID : [REDACTED]

Select Identity : [REDACTED]

Identity Card Number : [REDACTED]

HIGH SCHOOL , INTERMEDIATE BOARD , GRADUATE YEAR OF PASSING & ROLL NUMBER DETAILS \* ↓

Sr. No	Examination Passed	Board Name/ Institute/ University	Year of Passing	Roll Number	Is Grade System	Obtained Marks/CGPA	Total Marks	Percentage
1.	HIGH SCHOOL	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2.	INTERMEDIATE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
3.	GRADUATE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PAYMENT DETAILS ↓

Payment Mode	Amount	Payment Status	Date	Transaction ID
ONLINE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

ADDRESS DETAILS \* ↓

Permanent Address \*

Name : [REDACTED]

House No./Village : [REDACTED]

Street No./PO : [REDACTED]

Locality/Kasba/City : [REDACTED]

State Name : [REDACTED]

District Name : [REDACTED]

Pin Code : [REDACTED]

Correspondence/ Mailing Address \*

Name : [REDACTED]

House No./Village : [REDACTED]

Street No./PO : [REDACTED]

Locality/Kasba/City : [REDACTED]

State Name : [REDACTED]

District Name : [REDACTED]

Pin Code : [REDACTED]

DECLARATION SEGMENT ↓

- I hereby declare that I have read all term & condition according advertisement and I accept it.
- I hereby declare that all the entries/ statements made in this application are true, complete and correct to the best of my knowledge and belief.
- In the event of any information being found false or incorrect or ineligibility being detect before or after Admission, the Institute can take action against me as per rule in case it is detected that I have misled IHCE on any issue then I will solely responsible for all legal consequences thereof.

Date: 05-09-2023

Place: Bulandshahr

[PRINT](#) [Close](#)

Click here to take  
the **FINAL PRINT**

Signature of the Applicant