



### **Schedule for Seat Allotment for Admission in SOS at World Skill Center**

Sl. No.	Date	Reporting Time
1	19.03.2024	9:00 AM - 10.00 AM

#### **Procedure for Seat Allotment:**

1. The candidate must report physically at WSC within the reporting time as mentioned in the above table.
2. Candidate must **report physically with the original documents (as per the check list below) for verification and one set of xerox copy of these documents for submission.**

#### **Checklist**

- 1) Photo (Passport Size)
  - 2) 10<sup>th</sup> Certificate
  - 3) +2/Diploma Certificate
  - 4) PWD Certificate (if any)
  - 5) Caste certificate (for SC, ST, OBC/SEBC/EBC students)
  - 6) Aadhaar Card
  - 7) Medical certificate signed by an authorised doctor (as per the attached format)
  - 8) Original CLC of last institution studied
3. After successful verification of the documents, the candidates must make the payment of 1<sup>st</sup> Semester course fee, i.e.- INR 10,000 to confirm the admission.
  4. Candidate must give their sizes of the uniform:
    - 1) Shirts: XS/ S/ M/ L/ XL / XXL
    - 2) Trousers: 24/ 26/ 28/ 30/ 32/ 34/ 36
    - 3) Shoes: 3/ 4/ 5/ 6/ 7/ 8
  5. The candidates will be informed about the date of reporting, hostel allotment in due course through email, SMS and WhatsApp messages.



## MEDICAL REPORT FOR *ADVANCED CERTIFICATE* IN BEAUTY WELLNESS & SPA AND HAIR FASHION & DESIGN COURSES

### TO BE COMPLETED BY EXAMINING DOCTOR

Name of student : _____		Date : _____
WSC Application No : _____		* Gender : Male / Female
Age : _____		
Please indicate whether student is found to be suffering from the following:		
Epilepsy	* YES / NO	Remarks : _____
Thyroid Disorder	* YES / NO	
Diabetes	* YES / NO	
Eczema	* YES / NO	
Colour Blindness	* YES / NO	
Height : _____	Weight : _____	Acuity of Vision R L
BMI : _____		* Glasses / No Glasses
Urine Analysis : _____	Glucose _____ Protein _____ Blood _____	Lungs (Chest X-ray Report to be attached)
Blood Analysis : _____	Hb% _____	
HB Profile : _____	HBs Ag _____ HB Antibody _____	
Pulse : _____		Blood Pressure : _____
Ears : _____		Nose : _____
Tonsils : _____		Heart : _____
Skin : _____		Abdomen & Pelvic : _____
Hernia or Enlarged Rings : _____		Back & Spine : _____
Haemorrhoids : _____		Injury, Operations or Illness : _____
Uncontrolled Asthma : _____		Nail Diseases : _____
Mobility Restrictions : _____		Pregnancy: _____
Remarks : (a) General Physique : _____ (b) Mental Disposition : _____		
I have hereby completed a medical examination of this student. I find him/her to be * <b>free</b> / <b>suffering</b> from organic and infectious disease and is physically and mentally * <b>fit</b> / <b>unfit</b> to pursue the course at WSC, which includes performing massage and usage of sharp tools & electronic equipments.		
Remarks, if any _____		
Name of doctor : _____		
Signature of Doctor : _____		
Name and Address of Practice: _____		Date of Medical Examination : _____

\* Delete where appropriate