



# Institute of Paramedical Science and Technology

Signature of the Applicant

## Instructions

1. Form should be filled in BLOCK CAPITAL letters
2. Incomplete application will be rejected without any further communication
3. Filling up of Application does not guarantee the acceptance of request for evaluation

Course Applied for : \_\_\_\_\_  
Session : \_\_\_\_\_

NAME OF THE APPLICANT : \_\_\_\_\_

GENDER : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_

FATHER'S OCCUPATION : \_\_\_\_\_

MOTHER NAME : \_\_\_\_\_

MOTHER'S OCCUPATION : \_\_\_\_\_

NATIONALITY : \_\_\_\_\_

SOCIAL STATUS : SC/ST/OBC/GEN/PHYSICALLY HANDICAPPED /MINORITY COMMUNITY

## PERMANET ADDRESS

VILL / TOWN : \_\_\_\_\_ POST : \_\_\_\_\_ POLICE STATION: \_\_\_\_\_

PIN CODE : \_\_\_\_\_ CITY : \_\_\_\_\_ DIST : \_\_\_\_\_ STATE \_\_\_\_\_

MOBILE (Father) : \_\_\_\_\_ MOBILE (Student's) : \_\_\_\_\_ E-MAIL : \_\_\_\_\_

## ACADEMIC DETAILS (enclose duty attested true photocopies of the originals)

Sl./No.	Name of Examination	Year	Name of Univ./Board	Pass/Fail
1.				
2.				
3.				
4.				

## DECLARATION BY THE APPLICANT

I hereby declare that aforementioned information and enclosed documents above are true and complete to the best of my knowledge and belief. I shall submit any other document (s) that may be required by the Institute in future. I also agree that the Institution is empowered to cancel my admission, forego the fee deposited and also the claim for admission, if any information furnished by me is found to be incorrect, misleading or counterfeited. I further declare that the attested photocopies of the certificates submitted by me at the time of admission are true copies of the originals.

I am aware of the fact that the course I desire to join in Autonomous Course run by the Institute of Paramedical Science and Technology, Haldia. I also declare that after paying of fees no refund will be asked. During pursuing training/course/ hostel accommodation any misleading/accident/anything happens to me physically/mentally Institution will not be responsible.

Place & Date : \_\_\_\_\_

Signature of the Applicant