



रुग्णसेवा परमं बलंम

नसीम इन्स्टिट्यूट ऑफ पैरामेडिकल कौन्सिल
**NASEEM INSTITUTE OF
PARAMEDICAL COUNCIL**

(Incorporate by MCA, MSME Dipt. of Labour ISO Certified Govt. of India)

Admission Form

Please fill in BLOCK LETTERS

Course Applied for _____

Name Mr./Ms.

Father's Name

Mother's Name

Date of Birth : Nationality

Caste Category : General OBC SC ST PH NA

Marital Status : _____ Blood Group _____ Gender : Male Female

Address _____

Pincode

State

Mobile No. 1

Mobile No. 2

Email ID :

Aadhar No. :

If you don't have Aadhar Card, Mention Voter/DL/Pass Port No.

Pre Training Status : Fresher Experienced Years of Experience

Educaton Qualification

Examination Passed (Year)	Board/University	Name of School/College	% Marks	Subjects

Please Submit Self attested copies of the following along with your application :

- 1) Copies of education certificates
- 2) Proof of Current & Permanent residence
- 3) 4 Coloured Passport Size Photographs.
- 4) ID Proof: PAN Card/Voter ID Card/Aadhar Card/Driving Licence.

Declaration by the Student

- 1) The eligibility documents submitted by me are true and genuine to the best of my knowledge and belief.
- 2) I understand that the fees once paid will not be refunded.
- 3) I here by tender that I will regularly attend the Classes and will maintain atleast 80% attendance in my class.

I confirm that the information given on this form is ture. Complete and accurate and none of the information requested of other material information has been omitted I accept if it is discovered that I have supplied false, inaccurate of misleading information of Naseem Institute of Paramedical Council reserves the right to cancel my application.

Withdraw its offer of a place or terminate attendance at the Naseem Institute of Paramedical Council and I Shall have no claim against Naseem Institute of Paramedical Council in relation there to.

Place :

Date

Signature of the Applicant

<u>Payment Details</u>			
DD No.	DD Date	Name and address of Bank	DD Amount

Reference throught

Contact No.

Address

Office use only

Course name

Total Fees of the course

Year of Joining

Details of the Fees paid during admission

Form Fees	Fees Amount	paid fees	Date	Rec. No.
No. of Mon/Yr				
6 Months				
1 Year				
2 Year				
Total Amount				

Cheque/DD

Date

Remark _____

Academics
Incharge Sig.

Account
Incharge Sig.

Head office
Incharge Sig.