



FALAH-E-AAM PARA MEDICAL INSTITUTE



F-147-148, SEC-12, VIJAY NAGAR, GHAZIABAD

(Approved By Akhil Bhartiya Prakritik Chikitsa Parishad, New Delhi)

(अखिल भारतीय प्राकृतिक चिकित्सा परिषद्, नई दिल्ली)

Regn. No. 401/19

Date :

ADMISSION FORM

Application No. _____

APPLICATION FOR ADMISSION IN : DNYS CENY CNYT Medium : ENG HND

Name of the Candidate (IN BLOCK LETTERS)

Father's/Husband's Name :

Mother's Name :

Date of Birth : DAY MONTH YEAR Nationality

Permanenet Address :

Pin Code

Correspondance Address :

Pin Code

Category : SC ST OBC GEN Adhaar No.

Mob.No.:

E-mail :

Documents Attached : High School Marksheet High School Certificate Intermediate Marksheet

Intermediate Certificate Resi. Proof/Adhaar Card Passport size Photo

S.No.	Exam. Passed	Board/University	Year	Total Marks	Percentage

DECLARATION BY THE CANDIDATE

I.....hereby declared that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled by the University if any information given above by me is found incorrect or misleading.

Signature of the Candidate

I.....hereby declared that Institute have all the rights to cancel the admission if the Fees do not submitted timingly.

Place :

Parent's Signature

Date :

Signature of the Candidate