



FALAH-E-AAM PARA MEDICAL INSTITUTE



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

(Approved By B.S.S. National Development Agency, Established by Planning Commission, Govt. of India)
National Vocational Education Mission

(भारत सेवक समाज योजना आयोग, भारत सरकार द्वारा प्रचारित राष्ट्रीय विकास एजेंसी)

Regn. No. UP/40030

Date :

ADMISSION FORM

Application No. _____

Medium :

APPLICATION FOR ADMISSION IN : DMLT DOTT DCCM DXI DDH ADCP DCH ADUS 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

Ihereby 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

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

Place :

Parent's Signature

Signature of the Candidate

Date :