



# FALAH-E-AAM PARA MEDICAL INSTITUTE

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

(Approved By Indian Rural Medical Association, Kolkata (under the Guidelines of WHO)

(भारतीय ग्रामीण चिकित्सा संगठन, कोलकाता (विश्व स्वास्थ्य संगठन के निर्देशन द्वारा)



Regn. No. 401/19

Date : .....

## ADMISSION FORM

Application No. \_\_\_\_\_

Medium :

APPLICATION FOR ADMISSION IN : CMS&ED

SEM1  SEM2  SEM3

ENG  HND  URD

Photo of the Candidate

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 timelyly.

Place :

\_\_\_\_\_  
Parent's Signature

Date :

\_\_\_\_\_  
Signature of the Candidate