

Regn. No. M71257

FALAH-E-AAM PARA MEDICAL INSTITUTE

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



Date :.....

(Approved By National Institute of Open Schooling, Ministry of Education, Government of India) (राष्ट्रीय मुक्त विद्यालयी शिक्षा संस्थान, शिक्षा मंत्रालय, भारत सरकार द्वारा संचालित)

Application No. ADMISSION FORM		
APPLICATION FOR ADMISSION IN :	CAT CHD ENG H	IIND URD
	Wedidiii .	Photo of the Candidate
Name of the Candidate (IN BLOCK LETTERS)		Januare Candidate
Father's/Husband's Name :		
Mother's Name :		
Date of Birth : DAY MONTH YEA	AR Nationality	
Permanenet Address :		
	Pin Code	
Correspondance Address:		
	Pin Code	
Category : SC ST OBC GEN Adha	ear No.	
Mob.No.:		
E-mail:		
Documents Attached : High School Marksheet High School Certificate Intermediate Marksheet		
Intermed <mark>iate Certifi</mark> cate Resi. Proof/Adhaar Ca <mark>rd Passport size</mark> 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:		
Date :	Parent's Signature	Signature of the Candidate