



Website: www.adarshgroupofeducation.com Email: adarshmitc@gmail.com , adarshrmph@gmail.com Mb.No.09729080045

ADARSH REHABILITATION CENTRE FOR MENTALLY & PHYSICALLY HANDICAPPED CHILDREN (ARCMPHC)

Run by: Adarsh Para Medical Welfare Association, (APMWA)

Approved By: Rehabilitation Council of India, New Delhi

Loharu Road, Uttam Nagar, Near Tractor Agency, Bhiwani-127021

Form No.....

Academic Session 2021-22

APPLICATION FOR ADMISSION TO (Name of the Course)_____

1. Name of the applicant._____
2. Name of Parent/Guardian_____
3. Date of Birth (dd/mm/yy)_____ Age in year & month_____
4. Gender: Male/Female/Other_____ Marital Status_____
5. Nationality_____ Domicile:_____
6. Category : SC ☐ ST ☐ OBC ☐ PH ☐ GEN ☐
7. Annual Family Income (from all sources):_____
8. Address for:_____

Self attested
photograph of
applicant

	Correspondence	Permanent
Village		
City		
District		
State		
Pin Code		
Tel No.		
E-Mail ID		

9. Details of examinations passed:

S.N.	Name of the exam passed	Name of the Board/University	Year of Passing	Total Marks	Marks Obtained	%age	Subjects
1.	SSC/Xth Std.						
2.	HSC/XII Std.						
3.							
4.							

Declaration:

I here declare that all the statements made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect of false my candidature/admission may be treated as cancelled at any state.

Applicant's Signature_____ Parent/Guardian's Signature_____

Acknowledgement

Form No.-----

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Adarsh Rehabilitation Centre for Mentally & Physically Handicapped Children

Uttam Nagar, Loharu Road, Bhiwani (Haryana)

Received application from _____ S/o/D/o/W/o _____ for admission to (Name of the course):_____ for the academic session 2021-22.

Date_____

Receiver's Signature