



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

ADMISSION- FORM

Course Name _____ Session _____

Please fill the form in Block Letter

1. Name of the Candidate, Mr./Ms./Mrs. _____

2. Mother's Name _____

3. Father's/Husband's Name _____

4. Father's/Husband's Occupation _____

5. Date of Birth _____ Gender _____

6. Nationality _____

7. Permanent/Correspondence Address _____

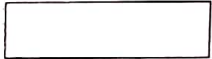
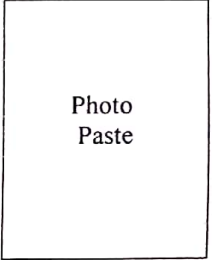


Photo
Paste

Signature

8. City/District _____ 9. Pin Code No. _____ 10. State _____

11. Telephone No. (With Code)(R) _____ (O) _____ Mob. _____

12. Educational Qualification

Name of the Examination	Year of Passing	Board/University	Obtained Marks	Total Marks	Percentage (%)
Matric (x)					
Intermediate (xii)					
Diploma/Degree					
Other Qualification					

13. Select the Category which you belong (✓)

SC ST OBC GENERAL

14. Declaration by the Applicant and the Parents/Guardian

I declare that I have carefully read instruction given in information brochure and the entries made by me in this form are correct to the best of my knowledge and nothing has been concealed.

Date:

Signature of the Applicant

I certify that my Son/Daughter/Wife is making this application with my permission. I hold myself responsible for his/her good conduct as a student of this institute and payment of all his/her fees.

Date:

Signature of the Parents/Guardian

Signature of Head of Department

Director