



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

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

Academic Session 2024-25

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 or false my candidature/admission may be treated as cancelled at any state.

Applicant's Signature _____ Parent/Guardian's Signature _____

Acknowledgement

Form No.

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

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 _____