



SHUBHAM PARAMEDICAL INSTITUTE SHAHI MARKET
BELGHAT-GORAKHPUR(U.P)-Pin.n-273404

ADMISSION FORM

ALL ENTRIES MUST BE FILLED BY THE CANDIDATE IN CAPITAL LETTER IN THE BOX

Course Applied for

(As entered in secondary/ senior or equivalent examination certificate)

Date of Birth

Name of Candidate

Name of Father

Permanent Address

Pin Code _____ STD Code _____ PH.No _____ Mob.No. _____

(For dispatch of Provisional/Degree/Diploma/Certificate/any other Information to the candidate, change in Address/PH. NO. should be immediately communicated to the institute.)

DECLARATION BY THE APPLICANT

I have read and understood the rules and regulation if the include and satisfied myself that I fulfill eligibility conditions as laid down in the prospectus. I have furnished necessary information/documents(s) correctly. I shall submit any other documents(s) that may be required in the future. I understand that my candidature is liable to be cancelled by the institute. If the information/document(s) submitted here with is found incorrect or mis-leading Further the institute to take appropriate action which shall be acceptable to me in future also. If any information is submitted by me is found incorrect, the institute has the authority to cancel the degree/diploma at any time. I understand that the fees once paid will not be refunded/ adjusted. Any dispute will subject to Delhi jurisdiction.

Signature of Parents

Signature of Candidate (in full)

Dated / / (DD/MM/YYYY)

Category General SC ST OBC

Have you Ever Been Debarred any institute / Board No Yes If yes give detail _____

Detail of Examination Passed

S.NO	Examination Passed	Board/ University	Marks Obtain	Total Marks	Percentage	Year of passing
1						
2						
3						
4						