



**ALL INDIA**

**NURSING & PARAMEDICAL INSTITUTE**

**अखिल भारतीय नर्सिंग और पराचिकित्सा संस्थान**

**Ministry Of Education of Higher Education under CR Act 1857 Govt. INDIA**

## Admission Form

Affix a passport  
Size Photograph here

Course Name:-.....

### PERSONAL INFORMATION

Name: Mr./Ms \_\_\_\_\_ Sex: [ M ] / [ F ]

Father's/Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Phone No.(With STD Code): \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email Id: \_\_\_\_\_

Adhar/UID/NPR No.(Mandatory): \_\_\_\_\_ BPL No. \_\_\_\_\_

Bank Name \_\_\_\_\_ A/C No. \_\_\_\_\_ IFSC Code \_\_\_\_\_

Bank Address \_\_\_\_\_

Religion:- [ ] Hindu, Muslim, [ ] Christian, [ ] Jain, [ ] Sikh, [ ] Other [ ]

Category:- [ ] General, [ ] OBC, [ ] SC, [ ] ST, [ ] Differently abled

**Annual family Income** (in Rs.): (Please tick whichever is applicable)

[ ] Below 50,000 [ ] 50-1Lakh [ ] 1-Lakh [ ] 3-5 Lakh [ ] 5 Lakh + Above

### EDUCATIONAL QUALIFICATION

**Please tick whichever is applicable**

[ ] 9<sup>th</sup> -10<sup>th</sup> [ ] 11<sup>th</sup> -12<sup>th</sup> [ ] Graduate [ ] Post Graduate [ ] Domain/Industry

[ ] Domain / industry

**Technical Education:** - [ ] Yes [ ] No

**Current Employment Status :-** ( please ticks whichever is applicable)

[ ] Experience [ ] Non-Experience

## **DECLARATION**

I certify that the information provided by me is true and correct to the best of my knowledge information and belief also agree to adhere to **ALL INDIA NURSING AND PARAMEDICAL INSTITUTE** guidelines and instruction and accept that all decisions pertaining to the training, evaluation and certification shall be final

I agree to pay sum of Rs \_\_\_\_\_ infavour of training fee

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

Amount paid will be forfeited if the applicant fails to join within 1 week of batch commencement. Applicant shall submit the copy of relevant documents out of the following as advised by the Counsellor at the time of registration.

- 4 Photos
- Copy of ADHAR/UID/NPR No.
- Highest Education Certificate (Self Attested)
- Photo ID and Address Proof-Copy of Ration Card/Voter ID/Driving License/ Passport.
- Age Proof-Copy of Birth Certificate/10<sup>th</sup> Certificate/Passport/School Leaving Certificate.

\_\_\_\_\_  
Name of the Receiving Person

\_\_\_\_\_  
Head Signature

### **FOR OFFICE USE ONLY**

Entry Gate Assessment Conducted (applicable For Selective Programs): \_\_\_\_\_

(Yes/No or N.A) Admission Date: \_\_\_\_\_ Course \_\_\_\_\_

Student ID \_\_\_\_\_

Total Program Fee: \_\_\_\_\_ fee Received: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Amount Due: \_\_\_\_\_