

Amrita Paramedical College

Affiliated by Academic Board (AIMLTA) New Delhi
Mahangapur, Sheetla Dham Chaukiya, Jaunpur, Uttar Pradesh

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अमृता
पैरामेडिकल कॉलेज

INSTRUCTIONS

FORM NO. :-

- 1) Please read the application form carefully before filling.
- 2) FORM should be filled in **BLOCK** letters only.
- 3) Please note that incomplete form will be rejected.
- 4) Please mention your number in all our correspondence with us. Any change in your address or contact number should be intimated to us immediately.
- 5) Please enclose a photocopy of 10th & 12th mark sheet & leaving certificate along with the form.

Passport size Photo
here

Full Name: - _____

(First name) (Middle name) (Surname) (Mother Name)

Date of Birth: - _____ (DD/MM/YY) Gender: - MALE FEMALE

Place of Birth: - _____ Blood Group: - _____

Employed/ Unemployed Residing in rural /Urban

Caste: - _____ Sub- caste: - _____ Religion: - _____

Category: - OPENOBC SC ST Other (Please Specify) _____

Mother Tongue: - _____ Nationality: - _____

EMAIL ID: - _____

Current Address: - _____

Telephone No. (RESIDENCE): - _____ Mobile No. :- _____

Permanent Address: - _____

Telephone No. (RESIDENCE): - _____ Mobile No. :- _____

Father's /Guardian Name: - _____

Father's /Guardian Occupation: - _____

Father's /Guardian Office Address: - _____

Father's /Guardian Mobile No.: - _____

Mother's Name: - _____

Mother's Occupation: - _____

Mother's Mobile No. _____

Annual Family Income: - _____

EDUCATION DETAILS: -

Examination	Name of the School/College/University	Passing Year	Percentage	Academic Stream
SSC				
HSC				
Degree				
OTHER				

University: _____

Programme Code: _____ Study Center Code _____

PRN No/ Hall ticket No: _____

Programme Interested in: DMLT PG-DMLT PHLEBOTOMY MLT Dental Technician
Radiology Technician X-Ray Technician Operation Theatre Technician

How did you come to know about SCOPE?

News papers (specify) Seminar/counseling Exhibition Internet

Outdoor advertisement Friends 7) others (please specify): - _____

DECLARATION:-

- 1) I hereby declare that the information given by me is true to the best of my knowledge and belief. If at any stage it is found that I do not satisfy the admission criteria or the information furnished by me is incorrect, my application to the course stands cancelled.
- 2) I have read and understood the rules and regulation with respect to admissions, fee for the program (including government taxes if applicable), and fees provided in the prospectus and agree to abide by them. The decision of the institute will be final and binding. Fees Would be Non-refundable in terms of Cancellation
- 3) I agree to pay the fees for the course before the due date as communicated to me by the admissions committee.

Place: - _____

Date: - _____

(Signature of student)