



APPLICATION

1. Name of the Course Selected :
2. Name of the Student (in block letters) :
3. Parent's Name :
Occupation and Annual Income :
4. Permanent Address :
:
:
5. Phone No. :
6. Date of Birth : Sex :
7. Nationality :
8. Community : ☐ SC ☐ ST ☐ BC ☐ MBC ☐ OBC
9. Caste :
10. Qualifying Examination :
12. Details of Qualifying Examination



Name of the Qualifying Examination	School / College	Class	Percentage

13. Blood Group :Rh
14. Identification Marks :

DECLARATION BY THE APPLICANT

I hereby declare that the above particulars given in this application are true to the best of my knowledge and belief.
I agree to abide by the rules & regulations of The United Paramedical College.

Place :

Date :

Signature of the Parent / Guardian

Signature of the Candidate

Date of Admission :

FOR OFFICE USE ONLY

Registration No. :

Signature of the Administrator

IMPORTANT INSTRUCTIONS.

1. Recent passport size photograph pasted on the application form should be duly attested.
2. 2 photo copies of qualifying / last attended examination - 10th, +2 or Degree
3. Recent 10 Colour passport size photos and 2 colour stamp size photos to be enclosed.
4. Student Medical Certificate (Fitness) to be enclosed. 5. Conduct Certificate
6. Fees once paid will not be refunded or transferred