

Application Form



PIPSM
PREM INSTITUTE OF PARAMEDICAL
SCIENCES AND MANAGEMENT

Session Course Code

Course Applied For :

Name Applicant (Capital Letters) : Mr. / Ms.

Name of Father (Capital Letters) : Mr.

Name of Mother (Capital Letters) : Mrs.

Correspondence Address

City : <input type="text"/>	State <input type="text"/>
Tel & Mob. No. (Parents) : <input type="text"/>	
E- Mail ID (Parents) : <input type="text"/>	
E- Mail ID (Applicant) : <input type="text"/>	

Permanent Address

City: <input type="text"/>	State: <input type="text"/>
Tel & Mob. No. (Parents) : <input type="text"/>	
E- Mail ID (Parents) : <input type="text"/>	
E- Mail ID (Applicant) : <input type="text"/>	

INSTRUCTIONS FOR THE APPLICANT

1. Write in **block letters** and use **dark blue / black ball point pen** only.
2. Leave a **blank space** between words.
3. **Do not use** prefixes like Sri/Smt/Mr./Mrs./ before Name/ Father's Name/Mother's Name.

Affix
Colour
Photograph

Do not Staple / Pin

Date of Birth : DD MM YYYY GENDER Category:

Educational Qualification (Chronological Order upto highest qualification):

Examination	Year	Board / University	% of Marks	Subjects
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION BY APPLICANT

I _____ S/D/o _____ hereby declared that I have read the Institute prospectus thoroughly and have understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading , my candidature shall be liable to be cancelled by the Institute at any time .

Date : Signature of the Applicant :