

AADITYA INSTITUTE OF PARAMEDICAL SCIENCE

RUN BY ARMAN EDUCATION SOCIETY (REG.NO.06/006/662)



Photo

APPLICATION FOR ADMISSION TO _____ COURSE
SESSION _____ LAST DATE OF APPLICATION _____

1.Name of the Student(Full name in block letter) _____

(According to Matriculation Certificate)

2.Father's name _____

3.Mother's name _____

4.Permanent Address _____

Mob. No. _____

5.Guardian's Name & Relation , Occupation& address _____

6.Date of Birth _____ Age _____

(According to Matriculation Certificate)

7.Marital Status _____

8.Caste(General / OBC / SC / ST) _____

(In case of SC / ST / OBC a caste certificate issued by competent authority should be enclosed)

9.Nationality _____

10.Language in which you can easily express yourself _____

11.Yearly income of Parent/Guardian _____

12.Special claim for admission _____

13.Academic qualification:-

S.No.	Exam Passed	Name of Board/Uni	Year	Subjects	Division	% of marks

AFFIDAVIT BY THE STUDENT

1. Myself _____ (Full name of the students)

son/daughter of Mr./Mrs. _____

R/o _____

On the behalf of myself I get admission in course _____

Through **Aaditya Institute of Paramedical Science, Narela Delhi**. I get my admission in _____ Batch

2. I hereby aware & undertake that:-

- (a) That information supplied by me in Admission Form is true in all respect.
- (b) That all documents i.e. copies of educational certificate, character certificate, migration certificates, residential & identity proof etc. attached with the Admission Form are genuine.
- (c) That I am pursuing above mention course in regular mode only.
- (d) That I am not doing service /Job in any State / Central Government, Semi Govt. & autonomous departments.
- (e) That I am not pursuing any Degree/Diploma course in regular/distance mode simultaneously with this course from any other University/Institution.
- (f) I also declare that I will not demand any refund after the admission.

If do to any circumstances I have to discontinue this course than I have to pay the total fees of GNM/ANM/PARAMEDICAL/ Any other course & than receive my original Documents.

I agree to pay the full fees of the course even if I discontinue at any time during the course as I am fully aware that the seat vacated by me will be a loss to the institute

3. I hereby affirm that, in case declaration any information is found to be false, this shall entail automatic cancellation of my admission besides rendering me liable to such action, as the institution may deem proper.

Date: _____

Signature of student

****Parents/Guardian's declaration accepting financial responsibility.****

I declare that I shall be responsible for the payment of fees and other dues of my dependent/ward throughout

His/her educational career in the college/university/Institution.

**Signature of Parent/guardian
(Guardian's relation with candidate)**