

# KANPUR PARAMEDICAL TRAINING CENTER

L-432 KESHAVPURAM AVAS VIKAS -1 KALYANPUR KANPUR NAGAR -208017

## ADMISSION FORM

Session . 202 - \_\_\_\_\_

COURSE NAME : .....

1 Student `s. Name : .....

(English Capital Letter)

हिन्दी

मे: .....

2. Mother ` s

Name: .....

(English Capital Letter)

हिन्दी मे: .....

3. Father ` s Name: .....

(English Capital Letter)

हिन्दी मे: .....

4. Date of Birth: .....(DD/MM/YYYY)

5. Date of Birth:](in ward): .....

6. Nationality : .....

7. Riligion : .....

8. Category : GEN/OBC/SC/ST : ..... Sub. Cat. : FF/PH/MP .....

9. Mobile No.1: ..... 2 : .....

10. Whatsap No. : .....

11. Email No.: .....

12. Correspondence Add.: .....

Dist.: .....

Pin.: .....

13. Permanent Add.: .....

Dist.: .....

Pin.: .....

Signature Father/Guardian or Thumb

Signature Student

16.: Educational Qulification.

Sr. No.	Name of Exam Passed	Year of Passing	Board/University	Percentage
1	High School 10 <sup>th</sup>			
2	Intermediate 12 <sup>th</sup>			
3	Graducation			
4	Other			

17. Which subject in Intermediate.....(Biology/Math)

18. Following Document should be a ached with admission form :

- I. High School Certificate &Mark Sheet duly attested -2 set.
- II. Intermdiate Certificate &Mark Sheet duly attested -2 set.
- III. Domicile of U.P. State .
- IV. Reservation Certificate.
- V. Passport Size Latest Photogaraf- 10 pcs.
- VI. Aadhar Card.
- VII. Income Certificate , Bank Passbook, Kanpur Nagar (For Scholarship form Submitted)

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Signature Student)