

Form No. :

Receipt No.:

SHRI RAMCHANDRA PARAMEDICAL COLLEGE

SHAHDOL (M.P.)

APPLICATION FORM FOR ADMISSION

Samagra ID ID PW Course

1. Student Name

2. Father's Name

3. Mother's Name

4. Date of Birth 5. G F M

6. Aadhar Card Number

7. Category 8. Cast :

9. Income Details-

Total Anual Family Income

Aadhar No. Father :

10. Address Details -

Correspondence Address

City Pin Code

Tel No. Mobile No.

Class	Board	Passing Year	Roll No.	%
10th				
12th				
Other				

Detail of Bank Account Number -

Name of the Bank/Branch IFSC Code

Bank Account Number

Declaration

I Declare that the particular's given above are true to my knowledge I pledge to follow the rules and regulation of the institute. therefor I am responsible and can be condemned for any material loses by me whether voluntarily or involuntarily. I promised to abide by the condition in the prospectus and other terms regarding changes in govt. policy. If any and or periodical in well aware of the vailidity of the course and after being fully satisfied. I have opt. for the coures. I am liabl to despoint the full fees structured (as scheduled) in case. I remain absent from institute without any lave granted for more than 7 days. as per the rule my seat will automatically transtered to the next eligible candidatee without any prior notic.

Signature of Parents

Signature of Student