

# P.G. INSTITUTE OF PARAMEDICAL SCIENCES

Plot # CA 6(P), B. Katehalli, Industrial Area,  
Hassan-573201.

## APPLICATION FOR ADMISSION TO PARAMEDICAL

Last Date for submission \_\_\_\_\_

No. \_\_\_\_\_

READ CAREFULLY THE INSTRUCTIONS  
BEFORE FILLING THE FORM

Affix  
Passport size  
Photograph

APPLICATION SHOULD BE FILLED BY THE STUDENT IN OWN HANDWRITING

Name of full (in Block letters) \_\_\_\_\_

Sex: Male / Female \_\_\_\_\_

Name of the Father / Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_ State \_\_\_\_\_

Marital Status \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Emergency Contact: Name: - \_\_\_\_\_ Phone \_\_\_\_\_

### EDUCATIONAL QUALIFICATION

Examination	Year of Passing	Medium of Instruction	Maximum Marks	Marks secured	Total Percentage
1. S.S.L.C					
2. Pre-University					
3. Any other Qualification					

Note: Xerox Copies of qualifying Examination and certificates showing date of Birth

Reference: Give below name and address and phone No of two persons of good standing  
Other than relative to whom a reference can be made.

1.

2.

Extra- Curricular activities: -

Proficiency in sports and Games

Social service/Cultural

Any other Activities

### **DECLARATION**

I hereby agree to take full responsibility for all the facts furnished in this document and confirm that to the best of my knowledge and understanding they are correct and true. In the event that any information provided by me on and along with this form is found to be untruthful or incorrect. I understand that I am liable to be expelled from the institution. I further certify that I have obtained permission from my parents to accept a seat in your institution, if it is offered to me. I agree by the Rules and Regulations of the Institution and the hostel. I am also fully aware of the fact fees once paid cannot be refunded at any circumstances.

Signature of the Parents/Guardian

Signature of the Candidate.

Place :

Date :

### **For Office use only:**

Register No.

Date of Receipt:

Date of Admission:

Principal