

## SHRI SATYA SAI COLLEGE OF PARAMEDICAL SCIENCES, BARWANI

Recognized by-M.P. Paramedical Council, Govt. of M.P., Madhya Pradesh Medical Science University

Indra Bhawan Parisar, Dharam Bangala ,Barwani (M.P.)-451551, Phones:07290-223631, 9425322321, E-mail : <a href="mailto:rajeshjaisawal.bsnl@gmail.com">rajeshjaisawal.bsnl@gmail.com</a>

## **ADMISSION FORM**

Office use only	) T					. 1										G 1						
Enrollment 1	No	• • • • •	• • • • •	• • • • •	••••	Adm	118810	n D	ate-		••••	• • • •	• • • • •	••••	• • • •	Scho	lar	No	••••	• • • • • •	• • • • •	• • •
Course App	olying for	– D	).M.	L.T	. –1	st /2 <sup>1</sup>	nd Y	ear	Ē	]	C.2	X-]	Ray	_		C.O	.Т.	Гесŀ	ı. [			
Applicant's F	First Name-		$\Box$																			
Caste/Catega	apital letter) $\mathrm{ry}-\mathrm{ST/SC}/$	OB	C/G	EN			Ge	nde	r- <b>N</b>	1/F			Nat	ion	alit	y – In	diar	1 / O1	ther.			
Parmanent A	ddress -		Ø												Ē							
								С	1	Т	Υ	4	4	_						$\sqcup$		
Corresponder	E ddross					4	M	0	4	4										Р		N
Corresponder		<del>-</del>		П				С	П	τĪ	Υ	Т		T						П		
S T A T	Е						M	0												Р	I	N
E-mail Date of Birth - 0 1 0 9 1 9 9 0																						
F/H 's Name	<u>-                                    </u>												О	ccu	pat	ion- E	usine	ess/Go	vt.Job	./Othe	r	
Designation - Mobile No.																						
Mother's Na	Mother's Name Occupation- H.W. /Govt.Job./Other																					
Designation -	Designation											<u> </u>										
Adhar Card N	No I	Т		П						Н	and	ica	nnec	1_	ОН	/ HH	/ VE	1 [	Т	7		
	<u> </u>																	_				
Local Guardi																						
Address													]	Mol	b							-
Educational (	Dualification	ı of	App	licar	nts																	
Class	Educational Qualification of Applicants  Class College / Institute					Board/University							Ŋ	ear			Sub	ject				
th																						
10 <sup>th</sup>	Roll No.						Marks Obtained						Total Marks %									
CI	G 1		/ •	. • .						1 /T T					1		r			0.1		
Class	Col	iege	: / In	stitu	te			В	oarc	1/U:	nive	ersi	ty				Zear			Sub	ject	
12 <sup>th</sup>																	,					
	Roll No.						Marks Obtained							Tota	l Ma	arks		9/	<b>6</b>			

Subject		Marks Obtained	Total Marks		Total Marks/ Obtained	%	
Phys	sics				Johnned		
Chem	istry						
Biolo	ogy						
Other qualifi							
Class	Co	llege / Institute	Board/Unive	ersity	Year	Subject	
		Roll No.	Marks Obtain	ned	Total Marks	%	
			Thumb				
			Applicant's signature				
			Applicant's signature				
			Applicant's signature				
		DECLADATIO		S/CUDDI	A N		
		DECLARATIO	ON BY PARENTS	S/ GURDI	AN		
be responsible discipline to	le for all the be Observe	ed hereby declare that e activities of my word ed as formulated by the	ON BY PARENTS  I shall abide by the	e rules & r at I Will be	regulations of the l	s/her all around	
be responsible discipline to date prescrib	le for all the be Observe ed by Instit	ed hereby declare that e activities of my word ed as formulated by the	ON BY PARENTS  I shall abide by the	e rules & r t I Will be ay all the o	regulations of the l	s/her all around per the calendar	

Photocopy Documents Required - 10<sup>th</sup> Mark sheet, 12<sup>th</sup> Mark sheet, Cast Certificate, Domical Certificate, Income Certificate, Adhar Card, Samgra ID, Bank Pass Book, Passport Photos -6

 $\label{eq:continuous} \textbf{Original Documents Required} - S.L.C./TC \ , \\ \textbf{Migration Certificate , Bank Checks -2 , } \\ \textbf{Gap Certificate ( If any )}$