MEERUT INSTITUTE OF PARAMEDICAL SCIENCE & HOSPITAL

37 SHIV SAROVAR COLONY(NEAR BANK COLONY) GARH ROAD, MEERUT.

ADMISSION FORM

Course..... Session.....

1.Students Name

2.Date Of Birth:(dd/mm/yyyy)

Gender: Male ☐ Female ☐ 4.maritial Status: Yes ☐ No ☐

5.Category:Gen/Obc/sc/St/Minority/Other 5.Religion.....

Signature of Student

6.Father's Name..... Occupation.....

7.Mother's Name..... Occupation.....

8.Husband's Name..... Occupation.....

9.Parent's/Gaurdian's Annual Income Rs.....

10.Address For Correspondence.....

.....

Pin Code:..... Mobile:1)..... 2).....

11.Permanent Address:.....

.....State Of Domicile:.....Pin.....

Ph:.....Mobile..... E-mail:.....

12.Academic Qualification:-

13.Fees Details:-

14.instalment Detial(if Any):.....

Director Registrar Admission Coordinator Student