SANJEEVNI INSTITUTE OF NURSING & PARA MEDICAL SCIENCE

Zamstang Kargil Ladakh194103
Mobile No :9419224645.9797480879

APPLICATION FORM

Name of the course applied for: _____

1. Name in full : Mr. Ms. _____
   In Block letters.
   (a) Father's / Husband's Name : _____
   (b) Mother's Name : _____

2 Sex_____ 3 Nationality._____ 4. Marital Status _____

5. (i) Present Address : _____

   (ii) Which communication _____
   Should be sent :
   Telephone /fax/E-mail: _____

6. Date of Birth : _____ _____ _____ (in words _____
   Day Month Year

7. Place of Birth : _____
   : _____ District _____ State _____

8. Are you a member of : OBC SC ST RBA
   OBC/SC/ST/RBA? : Sub-Caste_____
   (Please attach Certificate from the Competent Authority

NOTE: COLLEGE FEES IS NON REFUNDABLE

OCCUPATION OF FATHER: _____

PERMANENT HOME ADDRESS: _____

VILLAGE/MOHALLA/LANE: _____

TOWN: _____ TEHSIL: _____

DISTRICT: _____ STATE: _____

PINCODE: _____ MOBILE: _____

EMAIL ADDRESS: _____

CATEGORY:-

A) GENERAL B) SC,ST,RBA, PHYSICALLY CHALLAENGED OTHER:- _____

ACADEMIC RECORD

NAME OF EXAMINATION	YEAR OF PASSING	MARKS OBTAINED	SUBJECT	NAME OF UNIVERSITY/BOARD

STUDENT DECLARATION

I UNDERTAKE TO OBEY ALL THE RULES AND REGULATION OF THE PARA-MEDICAL COUNCIL UT- LADAKH AND THE INSTRUCTION THAT MAY BE ISSUED FROM TIME TO TIME BY THE PARA-MEDICAL COUNCIL, UT LADAKH ANY VIOLATION OF RULES ON MY PART SHELL RENDER ME LIABLE FOR PUNISHMENT.

SIGNATURE OF PARENT

SIGNATURE OF CANDIDATE

Name: _____

Signature of Parent/Guardian: _____

Address with Contact