



ALL INDIA COUNCIL OF PARAMEDICAL FACULTY

ADMISSION / ENROLLMENT FORM

| | |
|---------------------|--|
| Enroll . No. | |
|---------------------|--|

| |
|--|
| |
|--|

| Bank Name [DD/NEFT/DT(ptm,bhim,phone pay etc)] | DD/NEFT/DT(ptm,bhim,phone payetc) No. | Amount |
|--|--|--------|
| | | |

Apply for
Course _____ Code _____

| | | | |
|-----------------------------|--|-------------|--|
| Study centername | | Code | |
|-----------------------------|--|-------------|--|

1- Applicant name in English only

| | | | | | |
|--------------|--|---------------|--|-------------|--|
| First | | Middle | | Last | |
|--------------|--|---------------|--|-------------|--|

2 - Father's name in English only

| | | | | | |
|--------------|--|---------------|--|-------------|--|
| First | | Middle | | Last | |
|--------------|--|---------------|--|-------------|--|

3 - Mother's name in English only

| | | | | | |
|--------------|--|---------------|--|-------------|--|
| First | | Middle | | Last | |
|--------------|--|---------------|--|-------------|--|

| | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Aadhaar no. for applicant | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Address _____

4 - Date of Birth - ----- SEX M/F -----

5 - Nationality ----- Contact no. -----

6 - Category (Gen, OBC ,SC, ST, Other cast) -----

7 - Qualifications.....

| S.No. | Examination | Board / University | College Name | Passing year | Obt. Marks | % marks |
|-------|------------------------|--------------------|--------------|--------------|------------|---------|
| 1 | 10 th | | | | | |
| 2 | 10+2/ 12 th | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

| | |
|---|---|
| Head of College/ Institution Signature & Stamp |  |
|---|---|

8 - Declaration --- I have read and understood the rules and regulation of the board and satisfied myself that I fulfill the eligibility condition as laid down prospectus, I agree to attend my training at the place designated by faculty .I shall submit any other documents that may be require in the future if any informed submitted by meis found at any time .

Date_____

Student Signature