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Send DD For Rs. 600/- alongwith application form favouring "A.D.N. INSTITUTE OF PARAMEDICAL SCIENCES" , Payable at Nagpur

DECLARATION

I declare that the particulars given above are correct. I fully understand that my admission will stand cancel if at any stage. that any information supplied by me is found to be false. I have gone through the admission requirements as laid down by the Institute/Board for the course. I agree to abide by the rules & regulations given therein. I further declare that I shall submit myself to be disciplined under the act. The regulation and the rules that has been framed by the Institute/Board and those to be made and changed from time to time.

Signature of Candidate

FOR OFFICE USE ONLY

Application received on

Enclosures are attached or not attached

Eligible or not

Checked by

Signature of Principal/Director
(With Stamp)