

REGISTRATION FORM 2024 - 2025

A.D.N INSTITUTE OF PARAMEDICAL SCIENCES & HOSPITALS, NAGPUR

Enrolment No. _____
(for office use only)

Course & Speciality Applied For: _____

Student E- mail id: _____

Enclosures are attached or not attached : _____



1. Name of Candidate
2. Father's Name
3. Mother's Name
4. Semester in which admitted
5. Date of Birth (as per secondary/matric certificate)
6. Sex Male/Female
7. Caste SC/ST/OBC/General
8. Nationally Handicapped Yes/No
9. Nationality
10. Educational Qualification

Examination	Board/University	Passing Year	Percentage	Division
High School/ Matric				
10+2/ Senior Secondary				
Graduation				
Any other Qualification				

11. Postal Address
 PIN
- Telephone Mobile
12. Permanent address
 PIN

Telephone

Mobile

Send DD For Rs. 1000/- along with 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)