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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**

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**FOR OFFICE USE ONLY**

Application received on .....

Enclosures are attached or not attached .....

Eligible or not .....

Checked by .....

**Signature of Principal/Director**  
(With Stamp)