

**REGISTRATION FORM  
2023 - 2024**

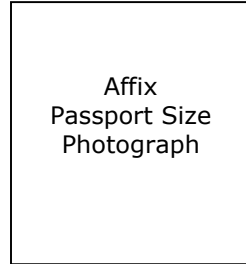
**A.D.N INSTITUTE OF PARAMEDICAL SCIENCES & HOSPITALS, NAGPUR**

**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**

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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)