

प्रसिद्धि पारामेडिकल इंस्टिट्यूट

(A Unit Of Vivekananda Educational Trust)

Office Address- West Police Line Jall Road , Gaya
Campus:- Gaya--Dobhi Road, Sekhawara, Bodh-Gaya

ADMISSION FORM FOR..... TO.....

FOR OFFICE USE ONLY	
Name of Course _____	Registration No (If any) _____
Roll No. _____	_____
Date _____	_____

Self Attested
Photograph

Signature

1. Name of Candidate (In Capital Letter) _____

2. Name of Father (In Capital Letter) _____

3. Name of Mother (In Capital Letter) _____

4. Mailing Address _____ PO. _____

P.S. _____ Dist. _____ Pin Code _____

5. Permanent Address _____ Email Id _____ Aadhar No. _____

Contact No. _____ Email Id _____ Aadhar No. _____

6. General

Information

(a) Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Category

(c) Sex _____

(d) Nationality

(e) Medium _____

7. Academic Qualification, Last Examination & Year

Name of Examination	Year of Passing	Name of Board or University	Subject	Marks Ohtd	%age of marks	Divn.