



Paramedical Board of India And Health Care Council

ADMISSION FORM

To be filled by institute head

Center Code: _____

Center Name: _____



Admission required for :

Note : Please use capital letters only.

A PERSONAL DETAIL

To Filled By Student

Student
Name

Father's
Name

Mother Name

Donation

Course Name

Course Code

Marital Status

Gender

Date of Birth

Date of Birth in words

Male Female

BloodGroup

Religion

Caste

Nationality

Aadhar No

Community

SC/ST

OBC

GEN

OTHERS

Languages known

Mother Tongue

RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

| |
|----------------------|
| |
| |
| |
| Father's Mobile No.: |
| E-mail ID: |

| |
|----------------------|
| |
| |
| |
| Mother's Mobile No.: |
| E-mail ID: |

NOTE: IN CAPITAL LETTERS ONLY

Distance from school (in kms):

Preferred Phone Number for school SMS:

B. DETAILS OF PREVIOUS STUDY

Admission Qualifications:

10th

1th

Graduation

Post Graduation

Others

| S.no. | University | Standard/Grade | Subject | Year | %Marks | Result |
|-------|------------|----------------|---------|------|--------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

The previous school affiliated to:

SSLC

CBSE

ICSE

OTHER

Sign of Student

