**D.S INSTITUTE OF PARAMEDICAL SCIENCE & HOSPITAL,**

**COUNCILING CENTER UNDER**

**UNIVERSITY GRANTS COMMISSION (U.G.C) APPROVED UNIVERSITY**

**ADMISSION FORM**

|  |
| --- |
|  |
|  |
|  |

NAME OF PROGRAMME :

Recent passport size photo

SESSION :

UNIVERSITY NAME :

NAME IN FULL IN BLOCK LETTERS (IN ENGLISH

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

FATHER NAME (IN ENGLISH)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

MOTHER NAME (IN ENGLISH)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

DATE OF BIRTH

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

PERMANENT POSTAL ADDRESS (IN FULL)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

TEHSHIL

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

DISTRICT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

STATE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

PIN CODE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

MOBILE NO- 1 MOBILE NO- 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

EMAIL- ID

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

NAME OF LAST QUALIFICATION (AS PER ELIGIBILITY RULES)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

YEAR OF PASSING

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

BOARD/UNIVERSITY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

SEX: MALE ( ) FEMALE ( ) MARITAL STATUS : MARRIED ( ) UNMARRIED ( )

NATIONALITY : INDIAN ( ) OTHER ( ) CATEGORY: GEN ( ) SC ( ) OBC ( ) MIN ( ) PH( )

\*TICK ( ) THE APPROPRIATE BOX ONLY.

PLACE ………………. ( )

DATE ……………….. SIGNATURE OF CANDIDATE

**D.S INSTITUTE OF PARAMEDICAL SCIENCE & HOSPITAL,**

**COUNCILING CENTER UNDER**

**UNIVERSITY GRANTS COMMISSION (U.G.C) APPROVED UNIVERSITY**

izos”k ds le; Nk=@Nk=kvksa }kjk “kiFk i=

eS ------------------------------------------------------------------------------------------------ iq=@iq=h Jh --------------------------------------------------------------------------------------------- fuoklh -------------------------------------------------------------------------------------------------------------------------------------------- ftyk ------------------------------------------------------ dkslZ ------------------------------------------------------------------------------------------------ ;wfuoflZVh uke ------------------------------------------------------------------------------------

jftLVªs”ku Qhl ------------------------------------

V;w”ku Qhl izfro’kZ ------------------------------------

ijh{kk “kqYd izfro’kZ ------------------------------------

 fuEufyf[kr “kiFk ls c;ku djrk gwW@djrh gwWA

1. ;g fd eS “kiFkiwoZd c;ku djrk gwW@djrh gWw fd esjk mijksDr uke o irk lc lgh ,oa lR; gSA
2. ;g fd esjs }kjk dkslZ ----------------------------------------------------------------------------------------------------------- esa mDr ;wfuoflZVh esa izos”k fy;k x;k gSA
3. ;g fd eS mijksDr dkslZ esa izos”k ysus gsrw tek dh x;h /kujkf”k dks fdlh Hkh gkykr esa fujLr@dsflay gks tkus ij ;k esjs }kjk dkslZ dks chp esa NksM nsus ij tek /kujkf”k dks okil ysus ds fy;s gdnkj ugh jgwWxk@jgWwxhA
4. ;g fd esjs }kjk laLFkku esa fdlh izdkj dh vHknzrk@vfu;ferrk ;k dksbZ ,slk dk;Z ftlls laLFkku dks uqdlku gksrk gS] rks laLFkku ds }kjk eq>s nf.Mr ,oa esjk izos”k fujLr fd;s tkus ij eS Lo;a mRrjnk;h gksxk@gksaxhA
5. ;g fd esjs }kjk mijksDr dkslZ esa izos”k fy;k x;k gS vxj eS bl dkslZ dks iwjk ugh djrk gWw]@djrh gWw] vkSj chp esa NksM nsrk gWw @nsrh gWw] rks dkslZ dh iwjh Qhl ¼lHkh o’kksZ dh½ nsus ds fy;s eS ck/; gWw vkSj laLFkku dks eq>ls dkslZ dh iwjh Qhl ¼lHkh o’kksZ dh½ ysus dk vf/kdkjh gksxkA
6. **;g fd eq>s Mh0,l0 baLVhV;wV vkWQ iSjkeSfMdy lkabl ,.M gkWfLiVy] ftUnyuxj tuin gkiqM] }kjk ;g tkudkjh nh x;h gS fd mDr dkslZ dks iwjk djus ds mijkUr esjk jftLVªs”ku fdlh Hkh LVsV eSfMdy QSDyVh esa ugh gksxk vkSj u gh LVsV eSfMdy QSDyVh ls ekU;rk izkIr dkfyt esa izos”k gksxk]**

mijksDr lHkh tkudkjh ds lkFk&lkFk esjs }kjk mDr ;wfuoflZVh esa izos”k fy;k tk jgk gS] mldh tkudkjh eSus iwjh rjg ls izkIr dj yh eq>s mDr ;wfuflZVh esa izos”k ysus esa dksbZ vkifRr ugh gS] vxj dkslZ dks iwjk djus ds mijkUr Hkfo’; esa eq>s fdlh Hkh izdkj dh leL;k vkrh gS rks eS lh/kk ;wfufoZVh ls lEidZ dj ml leL;k dk lek/kku d:xk@d:xhA

fnukad -------------------------------- gLrk{kj

 “kiFkdrkZ@”kiFkdrhZ