ASHUTOSH INSTITUTE OF PARAMEDICAL & HEALTH SCIENCES
BILASPUR , CHHATTISGARH

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Passport size Photo

Personal Details:

Name…… **Gender** ☐ **Male** ☐ **Female**

Father's Name…… **Date of Birth** ……./……./……

Mother's Name…… **Category** **SC**☐ **ST**☐ **OBC**☐

Address…… **GEN** ☐ **OTHER**☐

…… **Religion** ……

…… **Marital Status**……

Aadhar No…… **Mobile No.** ……

Please Fill Your Course Name…… **Email Id .** ……

Qualification Details:

Examination Passed	Name of School/College	Passing Year	Marks
10th			
12th			
Graduation			
Post Graduation			
Any Other Qualification			

Signature of Student

Signature of Manager

I……S/O,D/O,W/O …… here by declare that, all the particulars stated , in the application , Are true to the best of my knowledge and belief . I agree to abide by the rules and regulations of Institute and also to the Institute Authority, regarding my admission in the course and here by declare.

DATE : / /20