



Regd. : NCT of New Delhi, Govt. of India.

NATIONAL PARAMEDICAL EDUCATION

Regd. Office : 638/262, Tajpur Pahadi, Jetpur Road, Badarpur, New Delhi-110044.

ADMISSION FORM

PASTE YOUR
RECENT COLOR
PASSPORT SIZE
PHOTOGRAPH

CENTER NAME : CENTER CODE

COURSE NAME WITH CODE:

SURNAME:

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH: GENDER: MALE FEMALE

AADHAR NO.

FATHER'S NAME :

OCCUPATION :

MOTHER'S NAME :

LOCAL ADDRESS :

 PIN:

CITY: STATE:

PERMEANT ADDRESS

CITY: STATE:

PARENT'S MOBILE

EMAIL ID:

EDUCATION QUALIFICATION :

QUALIFICATION	YEAR OF PASSING	SUBJECT	UNIVERSITY / INSTITUTE / COLLAGE	% MARKS

UNDERTAKING TO BE SIGNED BY THE CANDIDATE

I Daughter/ Son of
have checked all the details before taking admission to Course of the **NATIONAL PARAMEDICAL EDUCATION**.
I am Satisfied with the Course and detail of the Institute. And I have attached My Documents and Photographs
along with this form. I am applying for the above course to the Institution having understood in to the curriculum
and other aspects relating to the certificate. with sound mind of any health without being influenced by any
quarter for the best interest of my academic career.
I shall abide by the decision of the Admission Committee for all purpose.

Cancellation Policy

Institution reserves its right to cancel the admission of candidate under any of the following circumstances

- If the fee in not deposited by the stipulated date.
- If the candidate does not join the particular course by the stipulated date even though the fee has been deposited.
- If the candidate fails to furnish the proof of the stipulated minimum qualifications.
- Institution reserves its right to change the existing fee structure.
- Institution reserves its right to modify, alter and / or include any other Terms & Conditions that may be deemed necessary in the interest of the student.
- Fees Once Deposited under any head will not be refunded under any circumstances.
- If the Student's Roll No is not verified on National Paramedical Education website then **NATIONAL PARAMEDICAL EDUCATION** is not responsible for that student.

Declaration:

I accept the terms and condition of the Institution for Admission. I am fully responsible for the information given above and if Any dispute arising in matters including admission, lessons, contact programmers, examination, fees and any other disputes will be subjected to JURISDICTION of Delhi Court Only .

CANDIDATE'S
SIGNATURE

PARENTS
SIGNATURE

SIGNATURE & STAMP OF
THE INSTITUTE

LIST OF DOCUMENTS :

- | | |
|--|--|
| <input type="checkbox"/> SSC MARKSHEET | <input type="checkbox"/> TEN PASSPORT SIZE PHOTO |
| <input type="checkbox"/> HSC MARKSHEET | <input type="checkbox"/> AADHAR CARD |
| <input type="checkbox"/> SCHOOL LEAVING CERTIFICATE | <input type="checkbox"/> ELECTION CARD |
| <input type="checkbox"/> GRADUATION CERTIFICATE | <input type="checkbox"/> DRIVING LICENCE |
| <input type="checkbox"/> POST GRADUATION CERTIFICATE | <input type="checkbox"/> EXPERIENCE CERTIFICATE |

Place: _____

Date: __/__/____

FOR OFFICE USE ONLY

CENTER CODE :

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 REGISTRATION NO. :

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ADMISSION FEES WITH DATE :

ADMISSION STATUS

AUTHORIZED SIGNATORY