

Vithai Paramedical Institute

"Dr. Lahane Farm", Jirewadi, Jaina Road, Beed Tq. & Dist. Beed - 431122
E mail : vithaiparamedicalinstitute.com www.vhrbeed.org

PHOTO

SIGN

APPLICATION FOR ADMISSION

- 1) FULL NAME (IN BLOCK LETTERS AS IT APPEARS IN SECONDARY SCHOOL CERTIFICATE)
.....
- 2) PERMANENT ADDRESS :
..... PIN :
- 3) ADDRESS FOR CONTACT :
..... PIN :
- 4) MOBILE NO :
- 5) NATIONALITY :
- 6) DATE OF BIRTH :
- 7) CASTE :
- 8) EMAIL :
- 9) BLOOD GROUP :
- 10) PERFORMANCE OF THE QUALIFYING EXAMINATION :

CLASS	NAME OF THE SCHOOL/ COLLEGE	NAME OF THE BOARD	YEAR OF PASSING	TOTAL MARKS OBTAINED	OUT OF	%	GRADE CLASS

I REQUEST ADMISSION TO :
CERTIFIED XEROX COPIES OF THE FOLLOWING CERTIFICATES ARE TO BE ATTACHED

- | | |
|--|---|
| <input type="checkbox"/> MARK SHEET SSC | <input type="checkbox"/> PASSPORT SIZE LATEST PHOTO-2 |
| <input type="checkbox"/> MARK SHEET HSC | <input type="checkbox"/> CHARACTER CERTIFICATE |
| <input type="checkbox"/> BOARD PASSING CERTIFICATE SSC | <input type="checkbox"/> DOMOCILE CERTIFICATE |
| <input type="checkbox"/> BOARD PASSING CERTIFICATE HSC | <input type="checkbox"/> NATIONALILE CERTIFICATE |
| <input type="checkbox"/> LEAVING CERTIFICATE (T.C.) | <input type="checkbox"/> MEDICAL CERTIFICATE |
| <input type="checkbox"/> CASTE CERTIFICATE | <input type="checkbox"/> ATTEMPT CERTIFICATE |

DECLARATION

- I) I here by declare that information given in this form is true and complete to the best of my knowledge. if any information given found incorrect or incomplete, my application will be rejected and admission will be cancelled.
- II) If admitted to Vithai Paramedical Institute / VARC - Beed which is a constituent college of VHRC- I shall abide by the rules and regulations applicable to the students of the college, as framed by government of Maharashtra, BSS and the College from time to time.

Date:

Signature of the candidate Place:

.....

I, the Father / Mother / Guardian of the applicant Mr. / Mr.

..... hereby declare
That I am aware of the financial obligations of admitting my son / daughter to the paramedical of his / her Choice. I agree to pay the tuition and other fees prescribed by management to the institution as fixed from time to time as per the rules. I also affirm and endorse the declaration made above by son / Daughter.

Signature of the parent / Guardian

Place:

Date:

Fathers / Guardians Name and address:

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Phone No./ Mobile No.:.....