DPMI INSTITUTE OF PARAMEDICAL & ALLIED SCIENCES

Estd. 1996

Near Kalichaur Temple, Sitarganj Road, Kathgodam, Gaulapar, Haldwani
Contact : 7453073358

To be Filled in BLOCK Letters

REGISTRATION FORM

Reg. No. .....

Course Name..... Year .....

I Want to take Registration in your institute, I have read the rules & regulation of the Institute given in the prospectus & Promise to abide by them. My Particulars are given below.

Name of Applicant

Father's Name

Date of Birth Male Female

Permanent Address

Pin

Telephone No. With STD Code. Mob.

EDUCATIONAL DETAILS :

Sl. No.	Educational Qualification	Percentage (%)	Subject / Stream	Board/University

I hereby declare that all the information have been given in this from by me are true,

Attach the copies of :-

1. Proof of above mentioned educational qualification
2. Ration Card / Vote ID / PassPort

SIGNATURE OF APPLICANT

DATE...../...../.....

Note : If any information furnished by the candidates is found to be incorrect his/her admission is liable to be cancelled.