

FUTURE INSTITUTE OF PARAMEDICAL SCIENCES

Bhulli Complex, 1st Floor, Adarsh Nagar, Hamirpur Road,

Near Civil Hospital, UNA (H.P.) 174303

Regd. Office: 437, Sector 61, Chandigarh -160062



Application & Admission Form

Applications should be filled in Candidate's own hand writing using **BLOCK LETTER ONLY**

Name of Candidate Mr. /Ms. _____

Father's / Husband's Name: _____

Mother Name _____

Guardian's Name _____

Father's / Guardian's Occupation _____

and Occupation Address with Phone No. _____

Date of Birth _____ Nationality _____ Place of Birth _____

Current Mailing Address with Phone No. _____

_____ Tel Nos. With STD Code _____

Mobile No. _____

Permanent Address _____

_____ Tel Nos. With STD Code _____

Mobile No. _____

Email Address _____

Course to which Admission is sought for:

Do you require Hostel Accommodation? Yes No

Academic Record

Note: Only take into account marks in those subject which are consider for forwarding the Class / Grade

Examination	Year of Passing	Class / Grade	% Marks PCM /PCB	School/ University
S.S.C. or High School				
H.S.C or Intermediate				
Diploma/ Degree				

Affix Recent
Photograph

Following Self attested Copies in triplicate are enclosed: (Tick Appropriate)

Mark sheet & Certificate of High School Examination

Original Character Certificate by last Institution attended

Residence Proof (Passport / Voter Card/ Aadhar Card / Driving License)

Declaration

We _____ (Candidates) _____ (parents/ Guardian) do here by declare that the entries made in this form are true and correct. We have carefully read all terms & conditions, rules and regulations as stipulated in the prospectus of the institute and shall abide by the same. We also undertake that we will not discontinue the course in any circumstances before the completion of the course. However, if this happens due to any unavoidable / unforeseen circumstance, we shall be liable to pay the fee of full course duration remaining to be completed. We also undertake not to indulge in any legal proceedings in case of any unavoidable circumstances court jurisdiction will be Chandigarh only.

Place:

Date:

Sign. Of Parents/Guardian

Sign. Of Candidate

For Office Use

Admission granted for the _____ Fees _____

Amount Received Rs. _____ (Rupees) _____

Vide Cash / Cheque / DD No. _____ Dated _____

Drawn On _____

Admission Coordinator