

Form No.....

Dated.....



S.S.PARAMEDICAL&NURSING COLLEGE

TEJPUR JAWAN ALIGARH (U.P) 202126

(Affiliated to U.P. State Medical Faculty, Lucknow)

Cont: +91-7500904062,8859792282 Email:- shivshaktiparamedical4@gmail.com

COLOUR
PHOTO

APPLICATION FORM (.....)

Please Fill the Form BLOCK later only

Name of Candidate (Block Letters) Mr/Km

Course Applied for Year Session

Sex..... Date of Birth Cont.No :

Adhaar Card No. (Fill Care Fully)

Father's Name Mr/Shri

Mother's Name Mrs/Smt/Km

Roll No. High School Roll No. Intermediate

Occupation

Nationality Marital Status

Category (GEN/OBC/SC/ST/PH)

Permanents Add

..... Pin Code

Correspondence Add..... Pin code.....

Education Qualification

S,No	Name of Examination Passed	Board/University	Year of passing	Subject's	Percentage
1.	High School/Matric				
2.	Intermediate				
3.	Graduation				
4.	Any Other				

(Applicant Signature)

SHIV SHAKTI PARAMEDICAL&NURSING COLLEGE

TEJPUR JAWAN ALIGARH (U.P)

Admission From Can be Obtained personally From the Managing Director. Shiv Shakti Paramedical & Nursing College Tejpur Jawan Aligarh, Or S.S.P.M.N.C & Hospital Tejpur Jawan Aligarh, Or Any of the associate Office One cash payment Of **Rs.500/-**Or can be Obtained through registered post by sending Demand draft Of **Rs.650/-**drawn in favour Of **SHIV SHAKTI EDUCATIONAL TRUST** Payable at. Tejpur Jawan Aligarh.

ELIGIBILITY FOR ADMISSION

1. Student's must have completed 17 yrs age at the time and Admission should not Exceed The age of 30 yrs.
2. Admission will Open Once Year.
3. Student's should be physically and mentally fit.
4. Admission will be on merit basis and Interview Except for the seats reserved for the Special Categories.

REQUIREMENTS FOR ADMISSION

1. Application form duly filled & signed the candidate.
2. 8 Passport size colored photo graph.
3. Attested photo copies of degree/certificate of Academic Qualification Including Qualification Examination.
4. Admission duly filled.
5. Amount of fee (as mentioned in prospectus).
6. Original documents for verification.

DECLARATION

I hereby declare that I have read and Understood the Condition of Eligibility for the Programme for which I seek Admission. I fulfill the minimum Eligibility criteria and I Have provided necessary Information in this regard. In the event Any information being Found incorrect or misleading, in such circumstances I shall not claim for any refund of my fee.

Signature of parent/Guardian

Dated :

(Applicant Signature)

