

Course Code

Description

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Application for PARAMEDICAL Courses

Paste
Passport
Size
Photograph

Application No: Date of Receipt:

Name of Candidate
(In BOLD LETTERS)

(as in your 10th Certificate)
Name of Parent

Sex Male / Female Date of Birth

Caste / Category SC/ ST/ OBC/GEN _____

Nationality _____ Domicile _____

Aadhar No. _____ Samagra ID _____

Email ID _____

Please indicate name of Course) _____

Details of Parents

Parents	Name	Occupation	Annual Income
Father			
Mother			

Details of Qualifying Examination

Name of Exam	Name of Institution / Board	Subjects	Year of Passing	Marks Obtained	Percentage

RESIDENTIAL ADDRESS CORRESPONDENCE / PERMANENT

House No./Name : _____ Village & Post office : _____

Street:- _____ Locality _____

City : _____ District : _____

State : _____ Pin code : _____

Mobile No. 1. : _____ 2. _____

Email: _____

Cash Receipt No Date

DECLARATION

1. I hereby declare that I am a citizen of India and the particulars given above are correct. In The event, any information furnished by me is found to be incorrect or false before or after The selection, the authority conducting the selection can cancel my candidature or Admission as the case may be.
2. I undertake to submit all the required necessary certificates in original at the time of Counseling and during the admission process as per rules, failing which, my claim for Selection shall be forfeited by the concerned authority.
3. I consent to sign the declaration relating remittance of fee regularly and to obey the rules Of institution.

Signature of the Parent / Guardian

Place:

Date:

Signature of the Applicant

Instructions:-

1. Attached Photo copy of Certificate (10th & 12th), two Passport size photo graphs, Address Proof & Id Proof and two envelopes with postal stamp.
2. Application form with two additional passport size photograph affixed on the back of the application Forms and give names to be.
3. High School, Intermediate certificate should be to append a copy of the attested yourself.
4. Id proof and address proof should be attested yourself.
5. Four Self address written five rupees stamp on each envelope, which is engaged
6. Paramedical Course 2016-17 written on the envelope containing the application must.

DECLARATION /UNDERTAKING FROM THE STUDENT

I, Mr./Ms.,

Programme:....., Dept., student of **Chirayu Paramedical**

College Bhopal, permanent resident of

.....Dist..... PIN

Ph No. (give permanent home address with telephone no.), do hereby

undertake on this the.....(day), of(month),..... (year), the following :-

1. I, hereby, declare that, the entries made by me in the Application Form are complete and true to the best of my knowledge and based on records.
2. I, hereby, undertake to present the original documents immediately upon demand by the concerned Authorities of the Institute.
3. I, hereby, promise to abide by the admissible rules and regulations, concerning discipline, attendance, etc. of the Institute (CPC Bhopal), and also to follow the Code of Conduct prescribed for the Students of the Institute, as in force from time to time and subsequent changes/modifications /amendment made thereto. I acknowledge that, the Institute has the authority for taking punitive actions against me for violation and/or non-compliance of the same.
4. I, understand that, 90% attendance in classes is compulsory and I commit myself to adhere to the same. I also understand, in case my attendance falls short, for any reason, the competent authority of the Institute may take such punitive action against me, as may be deemed fit and proper.
5. I, hereby declare that, I will neither join in any coercive agitation/strike for the purpose of forcing the Authorities of the Institute to solve any problem, nor I will participate in any activity which has a tendency to disturb the peace and tranquility of life of the CPC Bhopal campus and/or its Hostel premises.
6. I, hereby declare that, neither I will indulge in, nor tolerate ragging, in any form, even in words or Intentions and I accept to give an undertaking in the prescribed format for the same.
7. I, understand that as per rules and regulations of the Institute, I will not be permitted to possess or use any motorized vehicle inside the Institute campus, unless I am permitted to do so by a written prior Authorization from the Dean (Students' Affairs).
8. I, hereby declare that, I shall be solely responsible for my involvement in any kind of undesirable / in disciplinary activities outside the campus, and shall be liable for punishment as per the law of the land , further understand that, the Institute shall in no way provide any support to me and will not be held responsible for my any such action.
9. I, also declare that, I am not suffering from any serious/contagious ailment and/or any psychiatric / Psychological disorder.
10. I, further declare that, my admission may be cancelled, at any stage, if I am found ineligible and/or the information's provided by me are found to be incorrect.
11. I, hereby undertake to inform the Institute, about any changes in information submitted by me, in the Application Form and any other documents, including change in addresses and phone nos., from time to time.

Date:

Signature of Student

DECLARATION BY PARENT/ GUARDIAN

I,, (Mother / Father / Guardian) hereby fully endorse the above undertaking/declaration given by my child/ward. And I will endeavor to induce my child/ward to do his/her best to observe the above stated undertaking in words and spirit.

Place:

Signature of Mother / Father / Guardian

Date:

Documents Required

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|--------------------------------|----------------------|
| 1. 10 th mark sheet | Original / Photocopy |
| 2. 12 mark sheet | Original / Photocopy |
| 3. Migration | Original / Photocopy |
| 4. TC | Original / Photocopy |
| 5. Aadhar card | Original / Photocopy |
| 6. Samagra ID | Original / Photocopy |
| 7. Domicile | Original / Photocopy |
| 8. Caste Certificate | Original / Photocopy |
| 9. Bank Passbook | Original / Photocopy |
| 10. Income Certificate | Original / Photocopy |
| 11. Passport size Photo – 04 | |
| 12. Gap Certificate (If Any) | |