

Date of Birth:

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|------|--|-----|--|------|--|--|--|
| | | | | | | | |
| Date | | Day | | Year | | | |

Marital Status : Nationality :

Spoken Language : Religion :

Category SC/ST/OBC : **Yes/No**
(If Yes, certificate from the appropriate authority to be enclosed)

Educational Qualification:

| Qualification | Board/University | Years of Passing | % of Marks | Subjects Taken |
|------------------------|------------------|------------------|------------|----------------|
| X TH (Matric) | | | | |
| 10+2 (Intermediate) | | | | |
| | | | | |

Have you ever been convicted by any Court of Law ? : **Yes/No**

Are you a Smoker, Consume alcohol, any narcotic drugs ? : **Yes/No**
(If Yes, give details)

Are you suffering from any communicable disease or taking drugs for a long period related to disease. **Yes/No**
(If Yes, give full details alongwith prescription of the Doctor/Registered Medical Practioner on Seperate Sheet).

Declaration :

I have read the particulars of the application form and do hereby solemnly affirm and declare as under:

- That the entries in the accompanied form for admission in the diploma course is true and best of my knowledge and belief.
- That the enclosed photocopies of my qualification documents, seeking admission in the course are correct / not fabricated in any manner. In case the fault is found at any stage, I will be held responsible personally for the consequences arising thereon and my admission/ Registration should be cancelled immediately.
- That the Institute does not have any responsibility of Employment in any State of the Country/abroad. That I understand that the diploma course is for self-employment and Job-oriented in nature.
- That in case of any dis-obeying of Rules/Instructions from IPMT, they have full authority to cancel my Registration/admission.
- I undertake that as mentioned in the prospectus, I am not eligible for any refund of fees once deposited nor I will claim for the same.
- I have read the contents of the prospectus carefully and understood that the institute is recognised by Health and Family Welfare Department of Government of Nagaland/ as per the details mentioned in the prospectus for 2008 and has seen all the documents pertaining to it. In case of any changes brought by the Governmental agencies from time to time/ in between of completion of my course, the institute and its management cannot be held responsible in any manner for the same.
- I understand that the institute is not recognised by All India Council for Technical Education/ University Grant Commission/Human Resource Development/Dental Council of India/ Medical Council of India.
- I further declare that I had read all the particulars and information mentioned in the prospectus line by line and hereby agree to abide by them. I hereby also declare that I will not be getting myself involved in any type of unions / associations of any kind .
- That I had clearly understood the recognition status of the institute and I am fully satisfied with it .
- I hereby declare and accept that in case of any legal proceeding only Delhi Court shall have jurisdiction.
- Please accept my Registration/admission form duly completed and oblige.

Yours faithfully,

Place :.....

Date :.....

Signature of Candidate

To be filled by Parent/Guardian of the Applicant

I have gone through the Rules and Regulations of the Institute mentioned in the prospectus of the institute and the particulars mentioned in the admission form of my son / daughter / wifeI allow my son / daughter / wife to join the Diploma course in and I assure you that my son/daughter/wife will obey all the instructions/orders/rules of the Institute given to him/her from time to time and also accept the declaration done by my him/her.

Signature of Parent/Guardian

Place :

Relationship.....

Date :

Name.....

Enclosed :

1. Attested Copies of all Certificates
2. Six passport size photographs
3. Two self addressed envelope.
4. Demand draft / cash of Rs..... towards [Registration Fees + Tuition Fees] vide D.D. No..... dated in favour of **"Institute Of Para Medical Technology, New Delhi. "**

(FOR OFFICE USE ONLY)

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|------------------------------------------------------------------------|
| <p>Registration Number.....</p> <p>Signature.....</p> |
|------------------------------------------------------------------------|

INSTITUTE OF PARA MEDICAL TECHNOLOGY

PAHARI CHATTERPUR, NEW DELHI-110074.

Phone : (011)-26301321, 26301771.

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Yours faithfully,

Place :New Delhi.

Date :.....

Signature of Candidate