

MAGADH PARAMEDICAL & NURSING INSTITUTE



At Hardaspur Mokkari, P.O.-Koshilla, P.S.-Magadh University, Dist.-Gaya-824231

Recognized By: _____

Health Department Govt. of Bihar & Bihar Nurses Registration Council, Patna

Sl. No. _____

ADMISSION FORM FOR _____ TO _____

FOR OFFICE USE ONLY

Name of Course: _____

Roll No: _____

Registration No.(If any): _____

Date: _____

Self Attested Photograph

Signature

1. Name of the Candidate(In Capital Letter) _____

2. Father's Name(In Capital Letter) _____

3. Mother's Name(In Capital Letter) _____

4. Mailing Address _____ P.O. _____ P.S. _____

Dist. _____ Pin Code _____ Contact No. _____

Email Id _____ Aadhar No. _____

5. Permanent Address _____ P.O. _____ P.S. _____

Dist. _____ Pin Code _____ Contact No. _____

Email Id _____ Aadhar No. _____

6. General Information

(a) Date of Birth DD / MM / YYYY

(b) Category _____

(c) Sex _____

(d) Nationality _____

(e) Medium _____

7. Academic Qualification, Last Examination & Year

Name of Examination	Year of Passing	Name of Board or University	Subject	Marks Obtd.	%age of marks	Division

9. Subject Medium of Instruction (Hindi/English).

10. Whether you are expelled/restricted from any educational institution or convicted by a Court of Law or if any case is pending against you in a Court of Law ? So, give details.

11. DECLARATION BY THE CANDIDATE

I hereby declare that:-

1. The above information is true. I have not been debarred from appearing in the examination by any Examination Board/Council/University.
2. I am not paying total fees. After admission I will pay my rest amount soon.
3. I am not appearing in any other examination.
4. I am aware that in the event of any false information being given by me in this application my Candidature will be cancelled and fees forfeited.

Sign. of Candidate

Name

Date Place

12. ENCLOSURES:

- (a) Fee-Please enclose a draft/receipt of the amount Name of issuing Bank and Amount
Details of Bank/Receipt. No. Place
and Date

.....
(b) Original copies of the SLC/CLC & Character Certificate.

(c) Certificate of being a Schedule Cast/Schedule Tribe/Other Background Caste.

- Strike of whichever is not enclosed with the application.
- Incomplete application, without mark sheets and other relevant enclosures will not be considered.

FOR OFFICE USE ONLY	
1	1
2	2
3	3
4	4
5	5

Signature of Admission Assistant

PRINCIPAL