



IIMSTC

Admission No:

ADMISSION TO PARAMEDICAL DIPLOMA COURSES

SESSION- 202---

APPLICATION FORM

1. Plus two Examination / Equivalent

Register Number											

Register Number Year and Month

Year			

Month	

2. Name in Block Letters (Initial at the end):

[Name input grid]

3. Address for Communication:

[Address lines]

PIN CODE .....

Land line Phone No :.....

Mobile No. ....

E-mail Id : .....



4. Name of Parent / Guardian

[Parent name input grid]

5. Sex : (Encircle a code)

Male	Female
1	2

6. Nationality: (Encircle a code)

Indian	Others
1	2

7. Date of Birth:

Date	Month	Year

8. Religion and Caste: .....

9. Qualifying Examination: (Encircle a code)

State Board	ICSE	CBSE	Others
1	2	3	4

\* Other board of Examinations Please specify (4)

10. Marks obtained in the Plus Two/ Senior Secondary/Equivalent Qualifying Examination

Subject	Max. Mark	Marks Obtained	Percentage
Total			

11. Course applied for (Tick the column)

Medical Record and Technology

Cardiac Care Technology

12. Fee payment details

Name of the payee: .....

Amount Paid: .....

Name of the Bank .....

Branch Name: .....

UTR/Ref No: .....

Date of payment :

Signature of the Parent/ Guardian

Signature of the Candidate

**DECLARATION BY THE APPLICANT**

I .....(Name in Full & in Block Letters) Son/ Daughter / Ward of ..... an applicant for Paramedical Diploma course 2022-23 session hereby solemnly declare that I belong to .....(Community) and sub caste .....I also declare that the information and the statements given in the application. I further declare that if it is found otherwise, I will be liable to forfeit the seat and / or be removed from the rolls of the institution at whatever stage of study, besides making me liable for criminal prosecution. I further declare that I have not claimed the marks obtained in Plus / equivalent examination under improvement scheme for seeking admission to Paramedical Diploma courses ----- session/academic year.

Signature of the Candidate

Place :

Date

**DECLARATION BY THE PARENT**

I .....(Name in Full & in Block Letters) Father/ Mother / Guardian of ..... who is an applicant for Paramedical Diploma course 2022-23 session hereby solemnly declare that I am fully aware of the above declaration & the particulars furnished are correct. I declare that if it is found otherwise my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Signature of the Parent/ Guardian

Place :

Date:

**FOR OFFICE USE ONLY**

Fees paid Rs .....

Mode of Payment (NEFT/IMPS ):.....

Payment Ref No(NEFT/IMPS ):.....

**Admitted to**

Medical Record and Technology

Cardiac Care Technology

Admission No:

Date of Admission:

Signature of the head of the institution:

**Seal**