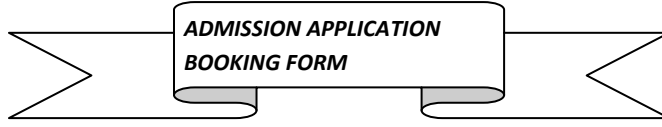




PHOENIX PARAMEDICAL COLLEGE

DISTRICT HOSPITAL ROAD -- NEW COLONY PULWAMA KMR. -192301



PASTE PASSPORT
SIZE PHOTOGRAPH
HAVING WHITE
BACK-VIEW.

S.NO :

1. NAME :
2. PARENTAGE:
.....
3. RESIDANCE :
4. Tehsil & District :
5. Pin code : Parent's Mobile Number :
6. Name of Course :
7. Detail of Last Examination Passed :

Name of exam passed	Subjects	Session	Examination Roll Number	Marks Obtained	Percentage	Result
10 th						
12 th						
10+2+3						

8. Date of Birth :
9. Gender : Male / Female .
10. Blood Group :
11. Category :
12. Hostel facility required : Yes or No
13. Trans[ort Facility required : Yes or No
- if yes , mention bus stop :

Declaration :

I do hereby affirm and declare that the above information are true and correct to the best of my knowledge and belief and nothing has been concealed there from. I also affirm that the event of wrong information may candidature may be liable to be cancelled .

Date :

Place :

Signature of The Candidate

Recommendation by the Selection Board :

In view of the I Q Test and introductions faced by the student , he / she is eligible for obtaining the training in the course of As such it is recommended that the admission form may be issued in the favour of the said student .

Signatures :

1.

2.

Attestation of Director.