

NAVJEEVAN PARAMEDICAL SCIENCE INSTITUTE

Affiliated by Indian Paramedical Council

An ISO 9001 : 2015 Certified

COLLEGE CODE
15548

Admission- Application Form

To Be Accompanied By A Demand Draft/Cash of Rs. 500/- for all category In Favor of "NPSI" Payable At Ambedkar Nagar.

Affix Recent
Attested
Passport Size
Photograph

COURSE NAME:

1. Name of the applicant:.....

2. Father's name:

3. Mother's name:.....

4. Husband's name if married:.....

5. Nationality:.....

6. Date of Birth Date Month Year

7. Resident Status Uttar Pradesh / Other State

8. Category: GEN / OBC / ST / SC / Minority

9. Annual Income 10. Blood Group

10. Language Known English Hindi Other

11. AADHAR No. :

12. Correspondence Address:.....

13. Phone No. Mobile No.

14. Educational Qualification:

S. No.	Examinations Passed	Name of the Board	Years + Name of Passing Institution	Marks Obtained/ Max. Marks	Percentage
1.	High School				
2.	Intermediate				
3.	Graduation				
4.	Any Other				

15. Particular of Demand Draft. D.D. No. Amount.....

Date: Bank Name

I Hereby declare that the information provided by me is true and subject of verification. I also hereby acknowledge that I have read and understood the rules and regulations, fee structures and Syllabus decided by NPSI and agree to abide by the same.

Date :

Place:

Sign here

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Assistant Nursing and Midwifery

ANM

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Passport Size
Photograph

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3. Mother's name:.....

4. Husband's name if married:.....

5. Nationality:.....

6. Date of Birth Date Month Year

7. Resident Status Uttar Pradesh / Other State

8. Category: GEN / OBC / ST / SC / Minority

9. Annual Income 10. Blood Group

10. Language Known English ☐ Hindi ☐ Other

11. AADHAR No. :

12. Correspondence Address:.....

13. Phone No. Mobile No.

14. Educational Qualification:

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2.	Intermediate				
3.	Graduation				
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Generic Nursing and Midwifery

GNM

Affix Recent
Attested
Passport Size
Photograph

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2. Father's name:

3. Mother's name:.....

4. Husband's name if married:.....

5. Nationality:.....

6. Date of Birth Date Month Year

7. Resident Status Uttar Pradesh / Other State

8. Category: GEN / OBC / ST / SC / Minority

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Date :

Place:

Sign here

Declaration

Undertaking and pledge by the candidate

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information / facts in any manner.
- b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules that may be laid from time to time by Navjeevan Paramedical Science Institute during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) Navjeevan Paramedical Science Institute offers placement assistance, to all students who successfully complete the course with 90% attendance and 80% marks.

These rules are applicable to all students of NPSI. The rules will remain valid till any changes are effected by NPSI. Students are requested for their co-operation to maintain, the building and the campus, neat and clean as well as to keep the furniture, lab, computers and other properties without loss or damage. This is the collective responsibility of all the students.

- f) Once the fee is deposited, the fee will not be refunded in any case, if you harass or spread false propaganda to the organization through chaotic elements, then legal action will be taken against you.
- g) I understand that if at any stage, it is found that I have given any wrong information to seek admission, my admission shall stand cancelled automatically without any prior information from the institute and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.

DateFull signature of the candidate