

# FLORENCE INSTITUTE OF PARA MEDICAL SCIENCE

Irba, Ranchi - 835219 (Jharkhand)

Recognised by the Govt. of Jharkhand

Affiliated to Jharkhand State Para Medical Council



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## APPLICATION FORM

(To be filled by the Candidate)

Academic Session : \_\_\_\_\_

PHOTO

(Write in Block Letters)

COURSE : DMLT ☐ OT ASSISTANT ☐ ECG ☐ X-RAY ☐ OPHTHALMIC ASST. ☐ DRESSERS ☐

1. APPLICANT'S NAME

2. PRESENT ADDRESS

PIN  Mobile No.

3. PERMANENT ADDRESS

PIN  Mobile No.

4. DATE OF BIRTH

5. GENDER

MALE ☐ FEMALE ☐

6. CATEGORY

ST ☐ SC ☐ BC-I ☐ BC-II ☐ GEN ☐ PH ☐

7. MARITAL STATUS

a) Married ☐ b) Unmarried ☐

8. NATIONALITY

9. FATHER'S NAME

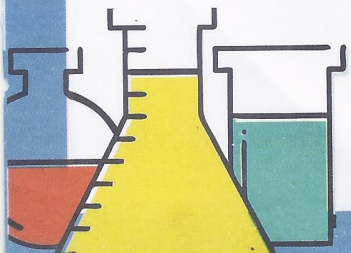
Mobile No.

OCCUPATION

10. MOTHER'S NAME

Mobile No.

OCCUPATION





## 12. ACADEMIC QUALIFICATION

SL.	Name of Exam Passed	Institution of Study	Board / University	Year of Passing	Subjects	Total marks out of	% Score in your exam

## 13. ENCLOSE THE FOLLOWING

i) Attested Copies :

- 10th Mark Sheet & Pass Certificate
- 12th Mark Sheet & Pass Certificate
- School Leaving / Transfer Certificate
- Birth Certificate

ii) Medical Fitness Certificate

iii) 10 passport size photograph

iv) Cast Certificate (In case ST/SC/OBC candidates)

v) Migration Certificate

vi) Three self addressed stamped envelope.

vii) Photo copy of Aadhar Card



## DECLARATION BY PARENT / GUARDIAN

I ..... hereby declare that the applicant, Miss / Mrs. / Mr. .... is my daughter / son / ward & that she will abide by the rules & regulations of this institution. I understand that in the event of her violating any one or more of these rules. She will be terminated.

I do undertake the full responsibility to make all financial arrangement in remitting her bills at admission & by the 10th of every month thereafter. Failure to do so you discounting my daughter / ward from the classes & cafeteria.

Signature of the parent / guardian

Date : .....

Signature of applicant

Date : .....

