

(Write in Block Letters)

1. APPLICANT'S NAME

2. PRESENT ADDRESS

3. PERMANENT ADDRESS

4. DATE OF BIRTH

5. GENDER

COURSE: DMLT

FLORENCE INSTITUTE OF PARA MEDICAL SCIENCE

Irba, Ranchi - 835219 (Jharkhand) Recognised by the Govt. of Jharkhand Affiliated to Jharkhand State Para Medical Council



M: +91-9334645053,+91-9031231082 W: www.florenceinstirba.com E: mail: fsnirba@gmail.com

		Vinitaria
	APPLICATION FORM (To be filled by the Candidate)	
	Academic Session:	
	8	
OT.	ASSISTANT ECG X-RAY OPHTHALMIC ASST.	DRESSERS
		A ,
	PIN Mobile No.	
SS		
		*
	PIN Mobile No.	

6. CATEGORY	ST	SC	BC-I	BC-II	GEN	PH

FEMALE

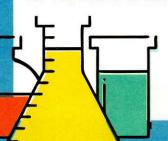
7. MARITAL STATUS a) Married b) Unmarried

MALE

- 8. NATIONALITY
- 9. FATHER'S NAME

	Mobile No.				-	
OCCUPATION						

10. MOTHER'S NAME



Mobile No.

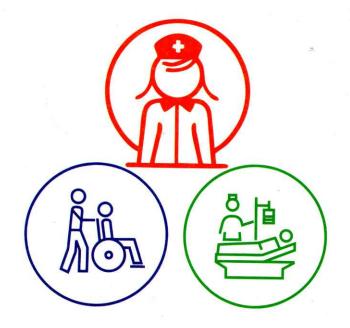
OCCUPATION

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
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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

· ·			
1	hereby declare th	at the appl	icant,
Miss / Mrs. / Mr is my	daughter/son/ward&	that she will o	abide
by the rules & regulations of this institution. I understand that in the ever	nt of her violating any one	or more of	these
rules. She will be terminated.			
Lele and details to the second	*		٠

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:	Sigr Date:

Signature of applicant