



Application Form for Admission
Mother Teresa Para Medical College & Hospital

Affiliated to: - U.P.State Medical Faculty, Lucknow
(Recognised By U.P. Government)

Passport
Size
Photograph

To
The Principal
Mother Teresa Para Medical College & Hospital
Delhi Road, Saharanpur (U.P.) 247001

Sir,

I am desirous of seeking admission in your college and I am accordingly submitting the required information as under:-

1. Name of Course
2. Course Code
3. Candidate's name in full (in block letters)
4. S/o /D/o /W/o (full name in block letters)
5. Permanent Address (in block letters)
- Post Distt. PIN
- State Mob. No. Phone No. STD.Code
6. Correspondence Address (if any)
- Post Distt. PIN
- State Mob. No. Phone no. STD. Code
7. Local Guardian Address (If any)
- Mob. No. Phone no STD.Code
8. Date of Birth (in words)
9. Educational Qualification
10. Nationality
11. Mention Number of Bank draft/ Cash Receipt
12. Rural/Urban 13. Married / Unmarried
14. Whether belongs to SC/ST/O.B.C.etc. (If so, attach from the prescribed authority)

15. Educational Qualification:

S.NO	Exam Passed	Board/Univ.	Year	Marks Obtained	% age

DECLARATION / UNDERTAKING BY THE STUDENT

I Have By Solemnly Declared and Undertake As Under:-

- That the facts mentioned above are fully correct to the best of my knowledge and belief.
- That I am eligible for admission to the above courses according to min. and max. age for admission.
- That the information given by me and the enclosures submitted are fully correct. If anything is found to be false or that any fraudulent means have full rights to take any action against me that may be necessary under the rules and I shall abide by the orders of the college authorities without any reservation, whatsoever.
- I shall abide by all the rules and the code of discipline during the course of my studies at the college.
- I am aware that the fees once paid shall not be refunded or adjusted under any condition whatsoever.
- I/We have carefully gone through all the terms and conditions of admission and the chairmen will have full right power to cancel my admission if any wrongful information.
- I shall not use any type of intoxicants / drugs or tobacco in any form or Pan / Pan-masala etc. in the premises of the Hostel/Hospital and the college.

LIST OF CERTIFICATES ENCLOSED:

- | | |
|--|--|
| 1. Certificate of Age (High School). | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Certificate of intermediate Mark sheet or Equivalent Examination. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Certificate of Extra Curricular activities. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Certificate of Caste Validity & income certificate of father | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Character Certificate. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. 5 passport size Photographs. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. 2 Self Address envelopes duly stamped with Rs. 35/ (10x4.5 inch.) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Medical Fitness certificate by M.B.B.S. Doctor. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

.....
Full Signature of Guardian

.....
Full Signature of Applicant

Date

(For Office Use only)

Since the above candidate has deposited the requisite fees and the documents furnished by him have also been found to be correct, it is recommended that he / she may be admitted to Diploma course in

Office Asstt. / Accountant.

Principal

Dated

(Sig. with Seal)