



R.N. Research Paramedical Institute

Application Form for Admission

Photo

S.R. No.

Name of Course

NAME IN FULL (Block Letters)

FATHER'S NAME INCOME PER ANNUM

OCCUPATION OF FATHER

PERMANENT ADDRESS

PRESENT POSTAL ADDRESS

SEX (MALE / FEMALE) NATIONALITY

CASTE SUB CASTE

DATE OF BIRTH IN WORDS

NAME OF COURSE

DURATION OF COURSE: ONE YEAR / TWO YEAR

EXAMINATION PASSED

EXAM PASSED	UNIVERSITY / BOARD	YEAR	NAME OF COLLEGE

DECLARATION

Student Declaration

I hereby declare that all the information provided by me in this application form is **true, complete, and correct** to the best of my knowledge and belief. I understand that if any information is found to be false, incorrect, or misleading at any stage, my admission shall be liable to cancellation without any refund of fees.

I also agree to abide by all the **rules, regulations, and code of conduct** of R.N. Research Paramedical Institute, Kanpur, and will maintain discipline throughout my academic journey. I understand that the decision of the college authorities regarding admission and other matters will be final and binding.

Date: _____

Place: _____

Signature of Applicant: _____

Signature of Parent/Guardian: _____