



# राज्य का सर्वश्रेष्ठ पारामेडिकल इंस्टिट्यूट

## STATE PARAMEDICAL INSTITUTE OF SCIENCES

Affiliated From MHRD / MSD & Govt. of Indian

Regd By - AICVPS

AN ISO 9001 : 2015 CERTIFIED COMPANY EST. 2015

16 A, Adharshila Complex, Near RBI Gandhi Maidan, Patna - 01

Mobile No : +91 9534630008 / 8228000081 | Email : stateparamedical@gmail.com

Website : www.stateparamedical.org

### APPLICATION FORM FOR ADMISSION

Form No. \_\_\_\_\_

Registration No. \_\_\_\_\_

(to be given by the office)

#### Course / Program Details

Course Type : \_\_\_\_\_  
Course Name : \_\_\_\_\_  
Session / Year : \_\_\_\_\_

Photo

#### Personal Details

Name (Mr/Ms) : \_\_\_\_\_  
Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age : \_\_\_\_ Years (as mentioned in the Certified of 10th Examination)  
Gender :  M  F Category : \_\_\_\_\_ Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

#### Contact Details

Address \_\_\_\_\_  
Alternate No.: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
Alternate No.: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

#### Educational Qualification

Examination/ Grades Passed	Name of the School \ Board	Year of Passing	Subject (S) Studies	Marks Obtained	% Marks Scored
10th					
12th					

#### Payment Details

Courses Fee	Received Amount	Due Amount	Grand Total

## Rules, Regulations / Terms & Conditions

1. Rs.500 to be paid for form fill up
2. The fees paid are non-refundable and non-transferable under any circumstances.
3. Failure to pay fees by due date shall result in imposition of fine.
4. Batch transfer is not permitted. In special cases if allowed the students will be required to pay the requisite transfer fee applicable.
5. The Institute reserve the right in making any changes/amendments to terms and condition of admission at anytime.
6. The Institute may make mandatory the submission of any certificate or documents before or at the time of the admission or afterwards, for the purpose of admission or otherwise, ad decided by the institute.
7. Students undertake/certify that the documents submitted by him/her are original / genuine and not fake and details furnished in the same are true /original to the best of his / her knowledge. If found fake / false information otherwise, the fee of the student shall be forfeited and separate legal action would be taken by the institute.
8. Institute reserves the right to cancel admission if student fails to submit the relevant documents or otherwise if fails to fulfil any condition.
9. Institute will charge the fee for various facilities like reappear / backlog etc. As decided from time to time.
10. Students should keep him / her well versed with the updates in the Institutes through our notice boards / website institutes are not responsible for any individual intimation of information.
11. State Paramedical Institute provide online/offline classes both.
12. Paramedical degree only to practical use and it is valid only private Hospitals and Institutions.
13. State paramedical Institute provide Diploma & Certificate course and it is only valid in private institutions.
14. After admission done students have to submit their original CLC ^ Migration certificate.
15. If Institute fee will be increase then students have to pay fee according to the institute fee structure.
16. Deposit fee before exam as per rule, doesn't deposit fee as per institute rule. Institute will be disqualify and also expelled to the students.
17. If Students will not pay fee in proper time then fee + Fine have to pay.
18. After admission done later students don't want to continue the study then total duration of course fee will be pay to the institute.

## Declaration by the Students

I \_\_\_\_\_ son / daughter of Mr/Ms \_\_\_\_\_ have read & hereby certify that the information given in the application is complete and accurate to the best of my knowledge. I understand all the rules and regulations laid down by the Institute and agree that misrepresentation or omission of facts will justify the denial of admission, cancellation of admission or expulsion. The fees paid are non-refundable under this circumstance. In case I am not in position to join and continue course even after submission of fees, I will not claim any refund of fees. I agree that I am not entitled to pursue any other course from any other Educational Institution while enrolling with Vision Paramedical College.

Date :

State Paramedical Institute of Science

Signature of the Parent/Guardian

## Declaration by Parents / Guardian

I \_\_\_\_\_ Parent/Guardian of Mr/Ms \_\_\_\_\_ declare that the information given by my ward is true and correct to the best of my knowledge. I have gone through the rules governing the admission and conduct of my ward in the Institute and I agree to abide by the decision of the Management. I undertake to ensure that my ward shall not involve himself/herself directly or indirectly in disciplinary activities like loss to institute & Hostel property, theft case, ragging, fighting, quarreling, use of abusive language, misbehave with fellow students, juniors/seniors or with outsiders within campus or at public places and also with the Staff Members throughout his/her studies in the institute until the completion of the course.

Date :

State Paramedical Institute of Science

Signature of the Parent/Guardian