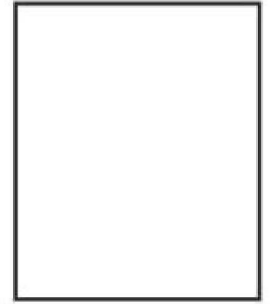


JAI BALAJI PARAMEDICAL COLLEGE142 Priya Enclave, Vill. Dhargal, Meerut Road,
Ghaziabad, (U.P.) - 201001**APPLICATION FORM**

Name of University / Faculty

Stream : Course.....

Student Sign.

(1) Name of Student:	<input type="text"/>				
(2) Father's Name / Guardian	<input type="text"/>				
(3) Mother's Name	<input type="text"/>				
(4) Gender Name	Male	Female	Other		
(5) Date of Birth	D/D	M/M	Y/Y		
(6) Aadhar Card	<input type="text"/>				
(7) Nationality	<input type="text"/>				
(8) Category	GEN.	OBC	SC	ST	Other

Contact No. :-

E-mail Id. :-

(9) Communication Address:

<input type="text"/>
Contact No.

(10) Qualification:

S.No.	Examination Passed	Name of College	Year	Board Council	Division
1					
2					
3					

I hereby certify that particulars furnished above are correct. I under take to abide by the rules laid by institution. I promise to obey & follow all the rules and regulation in structed in prospectus

Auth. Sign.

MOB. 9350687035, 9412533765, 99900033841, 9368168812, 9953538189

Note :- Attach Document Passport Size Photo-8, Aadhar Card, Education Certificate