

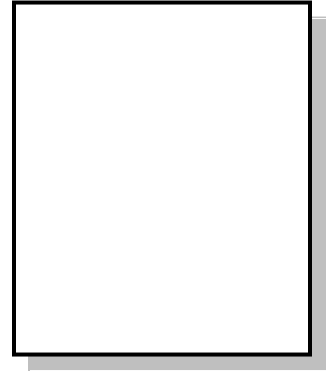
ISHITA COLLEGE OF PARA MEDICAL SCIENCE VARANASI (U.P.) INDIA

Saroj Hospital Akhari Bypass, Chunar Road, Varanasi U.P. - 221011
Contact No: 9634791100, 8318505770, E-mail: icopscience@gmail.com

Application Form

Completed application form will be submitted to the

Principal
Ishita College of Para Medical Science
Varanasi (U.P.) India.



COURSE APPLIED FOR

(Put Tick \checkmark marks)

- Diploma in Physiotherapy (DPT)**

➤ Personal data

1. Name of the student (BLOCK LETTERS)

2. Father's Name (BLOCK LETTERS) Mr.
.....Occupation

3. Mother's Name (BLOCK LETTERS) Mrs.
.....Occupation

4. Annual Income of parents: Rs. / Rupees

5. Date of Birth Age: Day Year Months
Aadhaar No :

6. Permanent address (BLOCK LETTERS)

PIN G-mail

7. Address for Correspondence (BLOCK LETTERS)

PIN Phone Mobile:

8. Religion Nationality

9. Category - General SC ST OBC (Put Tick \checkmark marks)

10. Marital Status - Married Unmarried (Put Tick \checkmark marks)

➤ **Academic Qualification :**

Examinations Passed	Board / University	Subject	Year of Passing	Marks Obtained	Total Percentages
High School Secondary Board Examination (SSLC)					
Senior Secondary Examination Intermediate					
Graduation					
Post Graduation					
Others					

➤ Co-curricular activities (if any)

Declaration

- I daughter/son ofdo hereby solemnly affirm and declare that the information in this for is correct to the best of my knowledge and behalf.
- I shall abide by the rules and regulations of the college /School as related in the prospectus.
- I shall not violate the rules of the college /School by taking part in any kind of strike, ragging or such other activities harmful to the college /school. If I do so, my name may be struck of form the college and I shall not claim any return of the fees paid.
- I admit that the fees paid to the College/School will neither be refundable nor transferable, whatsoever may be the reason.
- In case I leave the College/School before the completion of the course, I shall be liable for payment of all the dues, whatsoever, before “No Dues Certificate” is issued by the College/School authority.
- I shall pay the fees and all other dues in time as mentioned in the prospectus and as notified from time to time.
- I will attend regular classes and participate in all the College and School activities.
- All the disputes are subject to the jurisdiction of Varanasi Court only.

Date :

Place :

Signature of Parents/Guardian

This is certify that I, father/mother/guardian of above candidate shall be responsible for regular payment of fees, any other dues. Good conduct and welfare of my daughter/son Miss/Mr..... during her/his studies in this College/School.

Date :

Place :

Signature of Parents/Guardian

Name in Block Letters

Relationship.....