

Established  
2008

ग्रुप ऑफ मॉडर्न

# मॉडर्न इन्स्टिट्यूट ऑफ पब्लीक हेल्थ सायन्स

Aurangabad Maharashtra

Group of Modern

## Modern Institute of Public Health Science

AN ISO 9001-2015

Certified Institute

ADMISSION FORM

TM



Application For The:- \_\_\_\_\_

Please Tick  One Only:-  Regular  Distance

Name In Full Mr./Ms.:- \_\_\_\_\_

Mother's Name :- \_\_\_\_\_

Postal Address :- \_\_\_\_\_

Tel No:- \_\_\_\_\_ STD Code:- \_\_\_\_\_ Office:- \_\_\_\_\_

Mobile No:- \_\_\_\_\_ Fax:- \_\_\_\_\_

Email:- \_\_\_\_\_

Date of Birth:-

DD

MM

YY

Nationality & Religion :- \_\_\_\_\_

Qualification :- \_\_\_\_\_

I hereby declare that the information given in this application form is correct to the best of my knowledge and belief. I have read all rules & regulation & promise to abide by them.

Place :- \_\_\_\_\_

Date :- \_\_\_\_\_

Signature of Student

Signature of Parent

Documents attached :-

1) Leaving Certificate :-

2) Marks Memo :-

3) Photo :-

For Office Use Only

Name of Student :- \_\_\_\_\_

Receipt No. :- \_\_\_\_\_ Date :- \_\_\_\_\_

Subject :- \_\_\_\_\_ Amount :- \_\_\_\_\_

Cash/Cheque/ DD No. :- \_\_\_\_\_

Bank :- \_\_\_\_\_

Representative Name :- \_\_\_\_\_

Verbified By

MTSI  
Admission Granted

Name :- \_\_\_\_\_