

Established
1990

ग्रुप ऑफ मॉडर्न

नसीम इन्स्टिटयुट ऑफ

पॅरामेडिकल सायन्स

Aurangabad Maharashtra

Group of Modern

**Naseem Institute of
Paramedical 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

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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

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Signature of Parent

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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 :- _____