

ALLOTTED BY THE OFFICE

Form No.....

Centre Code.....



PARAMEDICAL EDUCATION CENTRE

(A Vocational Training Institute for Paramedical Education)

Regd. by Govt. of India Based on Central Govt. Act.
Regional Office : Guwahati, Assam.

Regd. No.

(for office use only)

APPLICATION FOR ADMISSION

(Use English Capital Letters only)

Last Date :

Session

Affix you
passport size
photo here.

1. Name of Candidate : _____
2. Father's/Husband's Name : _____
3. Mother's Name : _____
4. Permanent Address : _____
_____ PIN _____
5. Full Postal Address : _____
_____ PIN _____
6. Date of Birth (DD/MM/YY) : _____ E- mail. _____
7. Sex : Male/Female : _____ Nationality _____
8. Phone (with STD) : _____ Mobile _____
9. Course in which seeking admission: _____
10. Education Qualification : _____

(Academic Examination)

Name of Board/University

- a) _____
- b) _____
- c) _____

- a) _____
- b) _____
- c) _____

11. Category : Gen./SC/ST/OBC/MOBC/Physically handicapped /other: _____
12. Mention the Newspaper in which you saw our Institute Advertisement : _____

I hereby declare that particulars furnished above are true to the best of my knowledge and belief. I have read the prospectus and the rules & regulations. I hereby promise to abide by them.

Signature of Guardian
Date.....

Signature of Applicant.
Date.....

FOR OFFICIAL USE ONLY

Remittance Particulars : Rs. _____ Rupees _____

Institute C.R. No. _____ Date _____

Course Code No. _____ Studentship No. _____

Personal file No. _____ Study file No. _____

Director of Studies

Principal/Administrative officer