

SHREE KUTCHI LEVA PATEL (SKLP)
NURSING INSTITUTE OF EDUCATION & PRACTICE,
BHUJ – KUTCH.

Date of Enquiry :-

Course :-

Affix
Passport size
photograph
Duly Signed
By Candidate

APPLICATION FORM FOR PARA MEDICAL ADMISSION

1) Name of the Student: _____

(As given in school H.S.C. Mark sheet)

Father's Name: - _____

2) Full Address :- _____

3) Contact Details :- (1) _____ (2) _____

4) Date of Birth :- _____

5) Caste :- _____

6) Stream in H.S.C. :- Arts / Commerce / Science

7) Year of Passing (Month) :- _____ Trial :- 1st ,2nd ,3rd ,4th

8) Total Marks 10th : _____, Percentage:- _____ Marks of English:- _____

9) Total Marks 12th : _____, Percentage:- _____ Marks of English:- _____

Name & Signature of Parents

Name & Signature of Student