



ASHA PARAMEDICAL & NURSING INSTITUTE

Affiliated to NCVRT New Delhi.

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APPLICATION FOR ADMISSION

Sl. No. APNI/ _____

Date _____

STUDENT DETAILS

First Name

Middle Name

Last Name

Name

Gender Male Female Category Gen. SC ST OBC

Father's Name

Mother's Name

Aadhar Card No. Nationality _____

Student's Date of Birth

E-mail ID _____ Phone No. _____

Permanent Address _____

PARENTS DETAILS

Father's Occupation _____ Ph No. _____

Mother's Occupation _____ Ph No. _____

Home Address _____

EDUCATIONAL INFORMATION

School Name _____

School Address _____

Class 10th Mark in% _____ Subject /Stream _____

Course Name _____

Parent's Signature _____

Candidate's Signature _____