

APPLICATION FORM 2014-15



SUN INSTITUTE OF PARAMEDICAL TECHNOLOGY

To be filled by the candidate neatly and legibly in his/her own handwriting. I request that may be enrolled as student of the University. I am giving below my particulars.

1. Name of the Course
2. Name of the Candidate
3. Father's Name
4. Mother's Name
5. Date of Birth
6. Telephone No. Mob. No.
7. Present Address
8. Postal Address
9. Educational Qualification

Affix your recent
Photograph
here

S. No.	Exam Passed	Year	Percentage	Board/University
1				
2				
3				
4				

10. Nationality :
11. Marital Status :
12. Category (General, OBC, SC, ST)

(DECLARATION)

I hereby declare that I have read and understood the condition of eligibility for the programmed for which I seek admission. I fulfil the minimum eligibility criteria and I have provided necessary information in this regard, in the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to refund of any fees paid by me to the University.

Place : _____

Date : _____ Signature of Parent/Guardian Signature of the Candidate