

BUDDHA PARAMEDICAL AND NURSING (T)

बुद्धा पैरामेडिकल एंड नर्सिंग ट्रस्ट



Associated with Technical and Paramedical Education Council
An Autonomous Institution Recognized by Government of India

Registered Under NCT Govt. of Delhi

Website.: www.bpntindia.in, E-mail.: admission@bpntindia.in

M.: 9910485854

Photo

ADMISSION APPLICATION FROM

Course Name. _____

Session. _____

- Full Name (IN BLOCK LETTER)
- Father's/Guardian's Name
- Mother's Name
- Date of Birth
- Present Address
(Present Postal Address)
- Telephone / Mobile Number
- Email ID : _____
- Aadhar No. _____
- Male ☐ Female ☐ Married ☐ Unmarried ☐
- Nationality..... Religion..... Caste.....
- Educational Qualification :

Name of Examination	Name of University or Board	Year and Month of Passing	Subject	Marks obtained	Per cent %	Name of School or College
10 th						
10+2						

Attach self attested photocopy of marksheets.

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I hereby declare that statement made herein above is correct to best of my knowledge. I also undertake to see that I shall abide all the rules and regulation of your institution. I shall be responsible for the payment of all prescribed amount. I shall be cleared all dues if any before compilation of each year. I shall be responsible, if my application is rejected for any reason of the council.

Candidate Signature

