## ANAND INSTITUTE OF MEDICAL SCIENCES

**LUDHIANA** 

## APPLICATION FOR ADMISSION

Particulars of the Application (To be filled by the applicant in capital letters)

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1. Name of the Applicant	t	•••••	•••••	•••			
2. Name of father/Husba	Name of father/Husband					Affix Passport Size	
. Name of Mother					Photograph Photograph		
4. (a) Occupation Fath	ner Mo	ther	•••••				
<b>Monthly Income of Fa</b>	mily	•••••					
5. Permanent Address		•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	•••••	
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6. Postal Address		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	
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7. Date Of Birth	Day	] N	Month			Year	
8. Age.	Year	9.	Sex M		F		
10. Nationality	•••••	Ma	rital Stat	us		•••••	
11. Name of School/Colleg	T						
11. Maine of Denoon Cones	ge Last Attended	•••••	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	
12. Do you belong to any l		SC/ST/BC/	Others)				
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12. Do you belong to any l (Attached Atte 13. Academic Qualificatio Name of Exam Passed	Reserved Category (Sested Photocopy of the	SC/ST/BC/0	Others)		Mark	% of	
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12. Do you belong to any l (Attached Atte 13. Academic Qualificatio Name of Exam Passed 1. Matric/High School	Reserved Category (Sested Photocopy of the	SC/ST/BC/0	Others)		Mark	% of	
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12. Do you belong to any language (Attached Atternation 13. Academic Qualification 14. Matric/High School 15. 10 + 1 16. 10 + 2 16. A./B. Com/B.Sc. 16. Others	Reserved Category (Sested Photocopy of the on: -  Board/University	SC/ST/BC/Onis Certifica  Roll No.	Others) Year	Subject	Mark Obtained	% of Marks	
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## **Declaration**

- 1. I/we further declare that I/we have read carefully, understood well the rules and regulations/terms and condition of the institute and I/we are satisfied fully, and declare to abide by them.
- I declare that I have carefully read the instructions and the entries made by me in this form are 2. correct to the best of my knowledge and nothing has been concealed.
- **3.** I am physically & mentally fit and do not suffer from any Communicable/ chronic disease.
- 4. I do hereby agree to pay the cost of damages caused to immovable or movable property of the institute by me due to my negligence.
- I hold my self-responsible for dues and prompt payment of fee and all other dues. 5.

Signature of parents

- I will not keep myself absent from the classes without obtaining due permission from the principal. 6.
- 7. I have noted that the fee once paid by me is neither refundable not adjustable in any circumstances, reasons may be what so ever and in case of any dispute between me and the institute the jurisdiction for legal proceeding will be Ludhiana only.
- 8. I shall extend my full co-operation and agree to abide by the decision/Instruction of the principal/chairman of the institute and shall have no objection if I have awarded fines for any act of misbehavior, disobedience and for being absent from the class and 1 will have good personal behaviour with the teachers and other staff members of the institute, and I shall not take part in the political activities and any type of strike.
- 9. I know that Govt. (Central /State) Policies with respect to above courses may change with the passage of time and if they change I will not ask for any sort of compensation from the institute/staff/society or any one connected.
- 10. I understand that my admission is liable to be cancelled if any statement by me is found to be incorrect.

Date	
Place	
To be Filled by Parents/	Guardian of the applicant
join the	ulars/prospective and allow my son/daughter /wife to the by agree to pay the fees, examination fee etc. When daughter/wife will obey the instructions/ orders by the n and I know the recognition status of the course/institute optical etc. Centre viability very well in today's date and tate law's & they too under qualified regd. Supervision of oility of institute or its governing society or staff or any
	Signature of Guardian/Parents Name & Relationship with the applicant
Date	
For Off	ice Use Only
Mr/Miss/Mrs is here	eby given admission in Course
Receipt No Fe	ee Deposited
Enrollment No	Registration No
Date	
	Signature of Principal

Signature of the applicant