



DASHRATH PRASAD SINGH GROUP OF INSTITUTIONS

ADMISSION FORM (SESSION: 20__ - 20__)

Name Of the Course :-

Affix
Self-Attested
Passport
Size photograph of
The students

1. Full Name of the Candidate: -

(Use BLOCK LETTERS)

2. Date of Birth

(As per ICSE/BSEB/CBSE Certificate)

3. Gender: - Male Female Blood Group:

4. Mother Tongue- Religion- Nationality -

5. Student Category:-

OBC EBC ST/SC PH EWS

6. Marital Status: - Single Married

7. Aadhar Number: - Aadhar Linked Mobile Number: -

8. Contact Number: - Whatsapp Mobile Number: -

9. Email Id: - Alternative Mobile Number: -

10. Identification Marks: (i)..... (ii).....

11. Parent' s Details

Father's Name		Mother's Name	
Father's Occupation		Mother's Occupation	
Father's Qualification		Mother's Qualification	
Father's Income		Mother's Income	
Spouse Name		Spouse Relationship	
Mobile Number		Mobile Number	

12. Postal Address: -

.....
.....

District..... City Pin Code State

13. Permanent Address: -

.....
District..... City Pin Code State

14. Details of the Examination Passed (Enclose documentary evidences for the entries in these columns) :

<i>Name of the Examination</i>	<i>Name of the School / College</i>	<i>Board/ Council / University</i>	<i>Year of Passing</i>	<i>Subjects</i>	<i>Total Marks</i>	<i>Marks Obtained</i>	<i>% of Marks</i>
<i>10th Level (ICSE/BSEB/CBSE)</i>							
<i>10+2 Level (ICSE/BSEB/CBSE)</i>							
English Marks:-	Math marks:-		Biology marks:-		Final main sub.:-		
<i>Graduation (Hons.)</i>							

15. Migration No:-..... Issuing Date..... CLC No. Issuing Date
University Name & Address

16. Examination Preferred Language:- Hindi English

17. Hostel facility required? Yes No

- I solemnly declare that the statements made above are true to the best of my knowledge and belief.
- I do hereby undertake to abide by the rules and regulations of the institution.
- I understand that fees once deposited are not refundable.
- I fully undertake that my admission will stand cancelled, in case, any statements made here is found to be false at any time. Also in case I fail to submit the required documents in time or fail to clear all dues to the institute within time.

Date: -

Signature of the Candidate

Place: -

Name
(In capital letters)

PARENTS / GUARDIAN'S UNDERTAKING

I, solemnly hereby declare that I have fully understood the Rules and Regulations of the **Dashrath Prasad Singh Institute Of Health Education** and hereby undertake the responsibility of good and disciplined behavior of my Son / Daughter / Wife, Miss / Mrs. as long as he / she remains a student of this institution. I understand that all fees once deposited are not refundable. In case of any sort of damage of college property by my ward reported by college authority I am liable to pay the penalty imposed by the college authority.

Date:

.....

(Signature of the parent / Guardian)

Contact Phone No.

Name:

(In CAPITAL LETTERS)

FOR OFFICE USE ONLY

Remarks of the Admission – in-Charge:

Counseling Date:- _____

College Roll No. - _____

.....

(Seal & Signature of Admission-in-Charge)

Date of Admission – _____



(ACKNOWLEDGEMENT)

Session: _____

Roll No.-.....

Received one application form for admission to G.N.M from Mrs. / Miss.....

Date:-

Place: -

Seal & Signature of Authorized Representative
(D.P.S.I.H.E)

NOTE:- ISSUE OF ADMISSION FORMS DOES NOT GUARANTEE ADMISSION