# NATIONAL COUNCIL FOR SKILL AND PARA MEDICAL SCIENCE

*Your Skills Bridge*

An Autonomous Institution, Registered Under the Public Trust Act - Recognized by Govt. of India, NITI Aayog, MSME, Ministry of Parliamentary Affairs, and MHRD. Quality Bharat Accredited | C.R. Act-LD-4659/2026

## ADMISSION FORM

Registration No.: _____

Paste Passport Size Photo Here

### PERSONAL DETAILS OF THE STUDENT

Full Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: ___/___/___ Gender. ☐ Male ☐ Female ☐ _____

Mobile No.: _____ Email ID: _____

Address: _____

### COURSE DETAILS

Course Appiled For: _____ Duration: _____

Preferred Batch Timings: _____

### EDUCATIONAL QUALIFICATION

| Name of Examination | Board / University | Year of Passing | Percentage |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

### DECLARATION

I hereby declare that the above information provided is true and correct to the best of my knowledge and belief. I understand that any false information found, I will be ilable for any disciplinary action against me.

Signature of Student Date: Signature of the Authorized Signatory with Seal