ATAL BIHARI VAJPAYEE PARAMEDICAL AND HEALTH SCIENCE

Website : www.atalbvphs.com Helpline No. : 9458506929

NITI AYOG REG. NO:-
UP/2019/0230353

Admission Form

(To be filled by Institute Head)

Affix Your Recent Colored Passport Size Photograph

Institute Code .....

Institute Name .....

Student Name .....

Father's Name .....

Course Name .....

Duration ..... Roll No. .....

PERSONAL DETAILS

(To be filled by Student)

Name of Student

Father's Name

Mother's Name

Date of Birth

Marital Status ☐ Single ☐ Married, Nationality _____

Address Detail

State

Pin

Ph. / Mobile : E mail _____

Signature of the Student

EDUCATIONAL QUALIFICATION

Educational Qualification : ☐ HSC/SSC ☐ Graduate ☐ Post Graduate ☐ Others

S. No.	Class	Board/University	Year	Subject	Result	Percentage of Marks