



ATAL BIHARI VAJPAYEE PARAMEDICAL AND HEALTH SCIENCE

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

NITI AYOJ REG. NO:-

UP/2019/0230353

Examination Form

Form No. 19/

(To be filled by Institute Head)

Institute Code _____

Institute Name _____

Student Name _____

Father's Name _____

Course Name _____

Duration _____ Roll No. _____

Affix Your
Recent
Colored
Passport Size
Photograph

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