



# ATAL BIHARI VAJPAYEE PARAMEDICAL AND HEALTH SCIENCE

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NITI AAYOG REG. NO.  
UP/2019/0230353

Session:-

## ADMISSION FORM

To be filled by Institute Head

Institute Name .....  
Student Name .....  
Father's Name .....  
Mother's Name .....  
Course Name ..... Email.....  
Duration ..... Caste .....

Passport Size  
Photograph  
of the  
Student

## Personal Details

Name Of Student																				
Father's Name																				
Mother's Name																				
Date Of Birth																				
Material Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married																
Address detail																				
State																				
Pin code																				
Mobile No.																				

## QUALIFICATION DETAILS

Class	School Name	Board /University	Year	Subject	Result	Percentage of Marks
10th						
12th						

Sig.Student