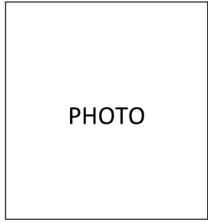


PROGRESSIVE PARAMEDICAL COLLEGE & HOSPITAL

No. _____

KODERMA (JHARKHAND)

Application form for the Admission



1. Name of Applicant in Capital Letter's _____

2. Father's Name _____

3. Full Address: At. _____ Po. _____

P.s. _____ Pin. _____ Dist. _____

State _____ Mob. _____

4. Address for Correspondence: _____

5. Date of Birth: Day Month Year

6. Caste: General B.C - 1 B.C - 2 SC/ST

7. Academic Qualification

Examination	Board	Passing Yr.	Subject	Marks Obtained	Percentage
Matric or Equivalent					
I.Sc					

8. Course in which, the Candidate wants to take Admission

(Tick in one of the Following)

- (i) Diploma -in- Operation Theatre Assistant (D.O.T.A)
- (ii) Diploma -in- Ophthalmic Assistant (D.O.A)
- (iii) Diploma -in- Medical Radiography (X-Ray Technician)
- (iv) Diploma -in- Medical Lab. Technician (D.M.L.T)
- (v) Diploma -in- Sanitary Inspector
- (vi) Medical Dresser

9. Amount Deposited (Case or Bank Draft)

Bank Draft No.	Name of Bank	Amount

In favor of Progressive Paramedical college Hospital payable at koderma

I declare that above mentioned information's are true and best of my knowledge. Further, I promise to follow the rules and regulations of the institution.

Date _____

Place _____

Signature of the Guardian

Signature of the Candidate

PROGRESSIVE PARAMEDICAL COLLEGE AND HOSPITAL

KODERMA (JHARKHAND)

NO. _____

I received the application from.....for admission in.....course.

Signature of the Officer bearer