



Nayati Medicity, Mathura
Department of Academics & Research Development

APPLICATION FOR ADMISSION TO PARAMEDICAL COURSE
(Particulars of the Candidate to be filled in capital letters)

Photograph

Applied for Course.....

General Information

Name		Gender	
Father's Name		Mother's Name	
Mobile No.		Mobile No.	
Permanent Address		Correspondence Address	
Landline No.		Landline No.	
Email		Contact No.	
Date of Birth		In case of Emergency whom to contact	
Marital Status		Nationality	

Academic Qualifications

Name of exam passed	School/Board	Year	Subjects	Marks obtained (%)
1. 10/High School				
2. 10 + 2/ Intermediate				
3. Graduation				
4. Others				

Date:		Signature of the candidate	
Place:		Signature of Parents/Guardian	

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Enclosures

10 th Mark sheet/certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	12 th Marks Sheet/certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address proof	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Photographs x 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Declaration form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identity proof	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BPL Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Character certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bank details (if funded by educational loan)		

Enclosures Verification

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of DARD Official		Signature of DARD official	
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Selection Committee

Name	Designation/Department	Signature
Dr. Akshay Bhargava	Director & Sr. Consultant, Radiology	
Dr. Neerja Johar,	Director & Sr. Consultant, Anaesthesia	
Dr. Nibriti Das	Director, Lab Services	
Dr. Vipul Mishra	Head Critical Care Medicine & Emergency	
Dr. Promod Kumar Kohli	Dean Medical Education	
Mr. Bhaskar Sen	Director HR	
Dr. T.S Kuckreja	Director Medical & Administration	

For Office Use Only

Mr/Miss/Mrs.....is hereby given admission in.....Course.....Session
 Receipt No. Fee Depositedfor the period from.....to.....
 Next fee submission date on or before..... Enrollment No.
 Date of admission.....



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Terms & Conditions

1. No stipend shall be paid by the Hospital for the entire duration of the course at the Hospital.
2. No book shall be issued from the library; however, student can read in the library.
3. Student shall abide by the dress code of the hospital.
4. Student shall observe discipline, good conduct & abide by the rules & regulations of the hospital

Declaration

1. I am physically & mentally fit and do not suffer from any Communicable/ chronic disease.
2. I do hereby agree to pay the cost of damages caused to immovable or movable property of the institute by me due to my negligence.
3. I hold myself responsible for dues and prompt payment of fee and all other dues well in time.
4. I will not keep myself absent from the classes without obtaining due permission from the Dean.
5. I have noted that the fee once paid by me is neither refundable not adjustable in any circumstances.
6. I shall extend my full co-operation and agree to abide by the decision/Instruction of the institute and shall have no objection if I am awarded fines or punishments for any act of misbehavior, disobedience and for being absent from the class and I will have good personal behavior with the teachers and other staff members of the institute, and I shall not take part in any political activities and any type of strike.
7. I understand that my admission is liable to be cancelled if any statement by me is found to be incorrect.
8. I have to make my own arrangement for boarding and lodging.
9. I declare that I have carefully read the instructions and the entries made by me in this form are correct to the best of my knowledge and nothing has been concealed.
10. I/we further declare that I/we have read carefully & understood well the rules and regulations/terms and condition of the institute and I/we are satisfied fully, and declare to abide by them

Signature of Parents/Guardian

Signature of the candidate

Name & relationship with candidate

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Date.....

Place.....
