



Vivekananda Polyclinic and Institute  
of Medical Sciences  
Ramakrishna Mission Sevashrama  
Vivekananda Puram, Lucknow 226 007

Current  
Passport size  
photograph

**Application for Admission to Diploma Course  
In Paramedical Sciences 20 -20**

\*Completed application form along with a **Bank draft for Rs. 300/-** drawn in favour of **Ramakrishna Mission Sevashrama** payable at Lucknow are to be submitted to the Principal, Depart. Of Paramedical Sciences, Vivekananda Polyclinic and Institute of Medical Sciences, Vivekananda Puram, Lucknow 226 007 U.P.

Course Applied for:..... **Registration No.**.....

**A. Personal Data**

A-1 Name .....

A-2 Age .....Yrs      A-3 Date of Birth .....      Nationality.....

A-4 Mailing Address .....

Aadhar No. : .....

..... Pin.....

Phone..... Fax.....

Mobile..... E-mail.....

Permanent Address .....

..... Pin.....

Phone..... Fax.....

Mobile..... E-mail.....

**B. Family Details**

B-1 Father's Name .....

Occupation.....

B-2 Mother's Name .....

Occupation.....

B-3 Annual Income (Both Parents) in Rs. ....

B-4 Category (Gen/SC/ST/OBC) .....

**C. Academic Performance**

Exam Passed	Board/University	Subjects	Year	Marks %
Matric/10 <sup>th</sup> /SSC				
10+2/Inter				
Graduation				
Post Graduation				
Others				

D. Major Extra-Curricular Activities / Hobbies :.....

**Declaration**

I .....D/O

.....do hereby solemnly affirm and declare that:

- Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.
- I shall abide by the orders, rules and regulations of this Institute as stated in the Prospectus. Ignorance of the same will not be excused by the Institute authorities.
- I shall not violate the rules of the Institute by taking part in any kind of strikes, ragging or such other activities harmful to the Administration / Institute. If I do so, my name should be struck off from the Institute and I shall not claim any return of fees paid.
- I admit that any charges / fees paid to the Institute I will neither be refundable nor transferrable, whatsoever may be the reason.
- In case I leave the Institute before the completion of the course, I shall be liable for payment of all dues, whatsoever, before 'no dues certificate' is issued by the Institute .
- I shall pay the fees and all other dues in time as mentioned in the Prospectus / notified from time to time.
- I will attend regular classes and participate in Institute activities and self development programmes.
- All the disputes are subject to the jurisdiction of Lucknow Court only.

Signature of the Candidate

Date .....

This is to certify that I, father / guardian of above shall be responsible for regular payment of fees, any other dues, good conduct and welfare of Master/Km.....during his/her studies in this Institute.

Signature of Father / Guardian

Date .....

List down the Enclosure(s)