



MUMBAI PARAMEDICALS

Attach one
photograph
here

A unit of : Millennium Foundation and Charitable Trust

2nd floor, shubhlakshmi shopping center, above chintamani
jewellers, shivaji chowk,
kalyan (west) - 421301

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www.mumbaiparamedicals.com

INSTRUCTIONS

Date :- _____

- 1) Please read the application form carefully before filling.
- 2) FORM should be filled in **BLOCK** letters only.
- 3) Any change in your address or contact number should be intimated to us immediately.
- 5) Please enclose a photocopy of 10th/12th mark sheet , leaving certificate, ID proof along with the form.

Personal Details

Surname name		First name(s)	
Address (Current)		Address (Permanent)	
House No.		House No.	
Street		Street	
Town		Area	
City		City	
Post Code		Post Code	
Country		Country	
Telephone No.		Telephone No.	
Mobile No.		Mobile No.	
Email		Email	

Are you Employeed ?	Yes		No			Company Name With Designation					
					Sex		Male		Female		
Place of Birth						Date of Birth					

Caste: - _____ Sub- caste: - _____ Religion: - _____

Mother Tongue: - _____ Nationality: - _____

EDUCATION DETAILS

Examination	Name of the School/College/University	Passing Year	Percentage	Academic Stream
SSC				
HSC				
Degree				
OTHER				

Course details and payment of fees

Course Title					
University / Board					
<u>Batch</u>	<u>Regular</u>	<u>Sunday</u>	<u>Online</u>		
Who is responsible for payment of your course fees?		Self		Others	
Other please, please specify name and contact details (please send attachment)					
Name					
Address:					
Telephone No. :			Fax No.:		

DECLARATION:-

- 1) I hereby declare that the information given by me is true to the best of my knowledge and belief. If at any stage it is found that I do not satisfy the admission criteria or the information furnished by me is incorrect, my application to the course stands cancelled.
- 2) I agree to pay the fees for the course before the due date as communicated to me by the admissions committee. Fees would be Non-refundable in terms of Cancellation. The decision of the institute will be final and binding.

Place: - _____

Date: - _____

(Signature of student)

Student Admission Confirmation receipt

Date : ____/____/ 2021

Student Name			
Address In Full			
Contact Number		Email	
First Payment		Balance Fees	

Amount Paid In Words _____

Authorized Signature