



UTTAR PRADESH PARAMEDICAL FACULTY OF INDIA

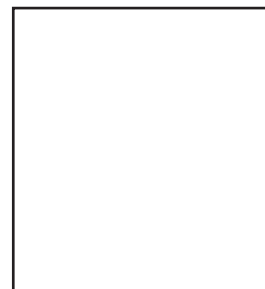
B-304, Kashiram Nagar, Moradabad-244001 (U.P.)

APPLICATION FORM

Course Applied for :

Specialization :

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Personal Details

Full Name :
(In Capital Letters)

Date of Birth : - - Gender : M F

Father's Name :

Mother's Name :

Address :
(for Correspondence)

Permanent Address- :

Country :

Telephone : -

(M) :

Email Id :

Academic Details:

Degree/Diploma	Name of the Institution/College/School	Year of Passing	Subjects/Specialization	Grades/Percentage

Declaration

I _____ son/daughter/wife of _____ hereby declare that all the information provided by me to the Institute is true and correct to the best of my knowledge. I have understood the terms and conditions and will abide by the rules and regulations of Royal Institute of Management Studies.

Date :

Place :

.....
Student Signature

.....
Authorized Signature

FOR OFFICE USE ONLY

☐ Course Applied ☐ Experience certificate if required ☐ Passport Size Photographs

Training Center Name :

Training Center Address :

Course Name :

Batch Start Date :

Batch End Date :

Registration No. Checked by :

Remarks :

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Accepted by