UTTAR PRADESH PARAMEDICAL FACULTY OF INDIA

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

APPLICATION FORM

Course Applied for : .....

Specialization : .....

.....

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 :

Telphone :

(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 : .....

.....

Accepted by .....