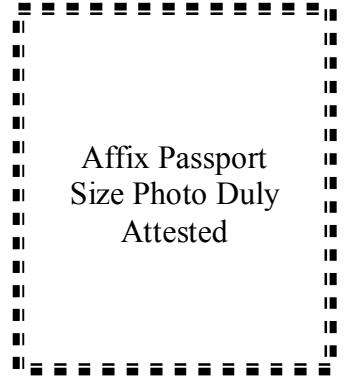




# Bareilly Institute of PARA-MEDICAL SCIENCES

**S.S. HOSPITAL (Base Hospital Lions Clubs International District 321-C2 )  
12<sup>TH</sup> KM. STONE, PILIBHIT ROAD, Post-M.A. NAGAR, BAREILLY.  
Tel. No. : 0581-2602107, 94122-87603, 98975-98602,98975-98603,98975-98605**

1. Name of Applicant: .....
2. Permanent Address : .....  
.....Phone .....
3. Date of Birth:.....
4. Marital Status:.....
5. Age as on 1st July of year of Admission .....
6. Father's/Husband's Name :.....
7. Guardian's Name :.....  
Relationship with the student :.....  
Local Address if Any : .....Phone.....
8. Name of State of Permanent Residence :.....
9. Last Exam. Passed (with year): .....
10. College Last attended :.....
11. Details of the Examinations passed High School Onwards: .....



Examination	Year	Division%	Name of Board/University	Subjects
High School				
B.Sc.				
Others				

**12. Write the choice for Course in Preference Order**

Diploma in      **PHYSIOTHERAPY**      **CODE-P-01**

Diploma in      **OPTOMETRY**      **CODE-O-02**

**Marks obtained in the Intermediate (10+2) Examination**

1. English /100    2. Physics                    /100    3. Chemistry /100  
4. Biology /100    5. Mathematics            /100    **TOTAL** .....

Encl. : Photo copies ..... Nos.      **PERCENTAGE**.....

Bank Draft No.....Date..... Name of Bank..... Branch.....

of Rs. 400/- (Four Hundred Only.) in favor of "Bareilly Institute of Para-Medical Science"

Signature of Guardian

Signature of Candidate



**ADMIT CARD**

**BAREILLY INSTITUTE OF PARA-MEDICAL SCIENCES,  
S.S. HOSPITAL (Base Hospital Lions Clubs International District 321-C2)  
12<sup>Th</sup> Km. Stone (Near Padamawati Academy) Pilibhit Road, Bareilly.**

Name of Candidate .....

Father's/Guardian's Name Shri .....

Postal Address .....

.....

.....



Entrance Examination/Interview for the admission in Diploma Courses is to be held on ..... at  
9.00 a.m. /2.00 p.m. at Bareilly Institute.

Signature of Candidate

Administrator/Principal

**DECLARATION**

I hereby solemnly affirm & declare that;

1. The entries in this form and the additional particulars, in reply to the questions above are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detached before or after the admission, my admission or diploma may be cancelled or with held by the Chairman of Institute.
2. I am mentally and physically fit and do not suffer from any physical deformity or any communicable disease.
3. I shall be willing to serve in any department of the institute /Hospital/Urban or Rural area at any time during my theory and practical training classes/period or field practice at my own expenses.
4. I will neither use any intoxicants, stimulants drink & drugs of dangerous nature, smoke nor consume barbiturates etc. in the Hostel & Institute's premise/campus.
5. I do hereby agree to pay the cost of damages caused by me to the movable and immovable property of the Institute or any department concerned due to negligence of duties/work.
6. I will not keep myself absent from the classes without obtaining due & prior permission from the Principal and assure to attend minimum 80% classes (theoretical and practical).
7. **I have noted that the fees once paid by me is neither refundable nor adjustable in any circumstances, "Bareilly Institute of Para-Medical Sciences" will not be responsible for any change in circumstances or my personal or family problems or for reimbursement of my fees/expenditure by an Authority/Mission/Central or State Government etc.**
8. I hereby agree that in case of any dispute between me and the Institute during the training period, after that first of all, the matter will be referred to the Chairman, Managing Committee, **"Bareilly Institute of Para-Medical Science"** and his/her decision will be final in all aspect.
9. I shall not take part in the political activities and Student's Union/Association/Action Committee etc. of **"Bareilly Institute of Para-Medical Science"** or any other Institution.
10. I have never been convicted by the Court of Law.

**Sign. of Guardian**

**Sign. of Student**