



# KAILASH INSTITUTE

## OF NURSING AND PARA-MEDICAL SCIENCES

(Empowering society by imparting quality education & training)

Phones: (0120) 2323787, 2323788  
Website: www.kailashinstitute.com

46-A/1, Knowledge Park-3,  
Greater Noida – 201310, U.P.

### **Admission Application Form 2016**

No.: AAF/2016/ **PDF**

(To be filled by the candidate in own handwriting. Wherever applicable, information should strictly be as per 10<sup>th</sup> certificate.)

Course Applied for: \_\_\_\_\_

Code: \_\_\_\_\_

1. Name of the Candidate: \_\_\_\_\_

2. Father's Name: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(DD) (MM) (YYYY)

5. Age: \_\_\_\_ Years  
(as on 1<sup>st</sup> September 2016)

6. Marital Status: \_\_\_\_\_  
(Unmarried/ Married/ Widow(er)/ Divorcee)

7. Gender: \_\_\_\_\_  
(Male/ Female)

8. Nationality: \_\_\_\_\_

9. Domicile/ native State: \_\_\_\_\_

10. Religion/ Caste: \_\_\_\_\_  
(General/ SC/ ST/ OBC)

11. Sub Category: \_\_\_\_\_  
(Physically Handicapped/ Dependent on Freedom Fighter /  
Defense Employee Dependent/ None)

12. Details of educational qualifications (starting from 10<sup>th</sup> till last. Attach separate sheets if necessary):

Class	Board/ University	Month/ Year of Passing	Aggregate Marks (%)	Subjects
10 <sup>th</sup>				
12 <sup>th</sup>				
Graduation				

\*Graduation/ Eligibility Course for higher education program

13. Permanent Address: \_\_\_\_\_

Distt. \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone Nos. \_\_\_\_\_

14. Total Annual Family Income: Rs. \_\_\_\_\_

15. Name of Authorised Guardian: Mr./ Ms/ Mrs. \_\_\_\_\_  
(Could be parent or any person responsible for the student, for admission & for making payment)

Relationship: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Address: \_\_\_\_\_

Distt. \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Phone Nos. \_\_\_\_\_ e-mail: \_\_\_\_\_

- I hereby certify that the information given above is true, correct and complete. I shall be fully responsible for any loss or consequences because of any information being false, incorrect or incomplete.
- I understand that my admission is subject to eligibility criteria and confirmation by the enrollment/ Govt. examining body.
- I hereby confirm that, if selected/ admitted, I will abide by the rules and regulations of the institute.

Date: \_\_\_\_\_

Signature of Authorised Guardian

Candidate's Signature