



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 2017

No.: AAF/2017/ _____

(To be filled by the candidate in own handwriting. Wherever applicable, information should strictly be as per 10th 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 1st September 2017)

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 10th till last. Attach separate sheets if necessary):

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