Department of Avadh Paramedical Health Institute

Parvati Marriage Lawn Ke Bagal, Devkali to Fatehganj Road, Faizabad (U.P)

Roll No. **Examination Form** Form No.

paste your recent passport size photograph

1. Name of the Course.....
2. Course Code.....
3. Applicant Name
4. Mother's Name.....
5. Father's/Husband's Name.....
6. Date of Birth : Day Month Year
7. Gender : (Write '1' for Male, '2' for Female)
8. Marital Status : .....
9. Mailing Address (in block letters): .....

   .....Pin Code : .....

   Tel. No. :.....Mobile : .....

   Whatsapp No : .....

   E. Mail ID (if any) : .....
10. Nationality : .....
11. Whether Physical Handicapped ? (Write '1' for Yes, '2' for No)
12. Community (Please tick ✓) SC ST OBC GENERAL
13. Hostel Yes Yes
14. Academic Qualification :

S.No.	Board/University	Year of Passing	Subject	Marks Obtained	Total Marks	% of marks Obtained

15. Free Deposited Details :

    Free Deposited On line Off line

16. By Cash/D.D.

    Cash

    Rs- in words :.....

    if DD. Bank Name :.....

    Demand Draft No :.....

    RS- Date : .....

    Favor in the Name of .....

Date :

Place :

Signature of Candidate