



OM SAI PARA MEDICAL INSTITUTE

APPLICATION FOR REGISTRATION

To be completed by the candidate in his/her own handwriting
& incomplete application will not be considered

Recent Passport Size
Photograph to be
affixed here & attach
7 extra copies of the
photographs also
(without Attested)

To
The Principal
Sir,

Please enroll me as a student of OM SAI PARA MEDICAL INSTITUTE (OSPMI) for the course in

1. Name of the applicant (in Capital Letters).....
2. Father's/Husband Name.....
3. Mother's Name.....
4. Address(Local).....
.....Phone.....
5. Permanent/Correspondence.....
.....
.....Phone.....
6. Date of Birth..... (In Words).....
7. Academic Qualification.....Male/Female.....
8. No. of testimonials or Certificate submitted.....Married/Unmarried.....
9. Hostel Required.....Yes/No
10. Have you ever been convicted by any court of Law? If so please give details.....

I do hereby declare that the particulars given above are correct to the best of my knowledge and that I shall abide by all rules & regulations of the institute

.....
Signature of Parents/Guardians

.....
Signature of the Applicant