

APPLICATION FORM FOR ADMISSION

FORM NO.

243

ANM-2022

Visit : babaparamedical.com

e-mail : babahospital70@yahoo.in

To,
The Director

INSTITUTE OF PARAMEDICALS

56, MATIYARI, DEVAROAD,
CHINHAT, LUCKNOW - 226028

Ref. No - 50001232

Dear Sir/Madam,

I would like to apply as a candidate according to my choice for the admission in the course :

| S.No. | Name of Course | No. of Seats | Applied Course |
|-------|--|--------------|----------------|
| 1. | M.Sc. Nursing (Masters Course) | 40 | |
| 2. | B.Sc. Nursing (Degree Course) | 80 | |
| 3. | Diploma in General Nursing & Midwifery | 60 | |
| 4. | Auxiliary Nurse & Midwives (F) | 60 | ✓ |
| 5. | Diploma in B.C.G. Technician & Tuberculosis Program Management | 60 | |
| 6. | Diploma in Optometry | 30 | |
| 7. | Diploma in O.T. Technician | 20 | |
| 8. | Diploma in Pharmacy | 60 | |



- Name of Applicant (Block Letters) ANNU KUMARI RAM
- Correspondence Address 220 K.V. Power house Hydli, Colony, Dewa Rd, Chinhata Lko Contact No: 9693375850
Permanent Address AINTHI, MUSEHARI BAZAR, VIJAIPUR
GOPALGANJ (BIHAR) Contact No: 9693375850
- Father's/Husband's/Guardian's Name SUDAMA RAM (7482832827)
(i) Occupation/Designation
- (ii) Name & Address of the employer (if any)
- Mother's Name TARA DEVI
- Place & Date of Birth 10/06/2000
- Nationality INDIAN Aadhar No. 6980 9708 0785
- E-mail tarkeshwarbhaskar572@gmail.com
- Married/Unmarried unmarried
- Religion & Caste Hindu Category SC

10. Educational Qualification :

| Examination Passed | Board/University | Year | Division | Aggregate% | Subjects |
|--------------------|--------------------------------|------|--------------|------------|--|
| 2016 | Uttar Pradesh | 2016 | 1st division | 73% | Hindi, english, mathem, science, social science, Drawing |
| 2018 | Uttar Pradesh | 2018 | 2nd division | 47% | Hindi, Sanskrit, education, Home science, English. |
| 2021 | DDU Gorakhpur Uttar Pradesh | 2021 | | | Ancient history Political science Education |

- (i) Extra Curricular Activities (if any)
- (ii) Prizes/Awards

12. Do you require Hostel Accommodation

Yes

No

(If yes, please fill up the Hostel form)

DR. ARCHANA CHOUHAN
PRINCIPAL

BABA COLLEGE OF NURSING
INSTITUTE OF PARAMEDICALS
56, MATIYARI DEVA ROAD
LUCKNOW-226028

B.No. 017
dt 10/6/2022
12500/-
10-20.06.22
Amount - 12500/-
CR.No - 12589

TO BE FILLED BY THE PARENTS/GUARDIANS OF THE APPLICANT

I have gone through the above mentioned particulars and allow my son/daughter/wife to join Degree/Diploma Course according to the choice as filled in the form of the Institute of Paramedicals and I assure you that my son/daughter/wife will obey the instructions / orders issued by the DIRECTOR / PRINCIPAL of the "Institute of Paramedicals", Lucknow, directly or by any authorised person.

.....Sudama Ram.....
Signature of the Guardian/Parents

Place Lucknow

Date 18/06/2022

a) Name Sudama Ram

b) Relationship with the Applicant Father

WITNESES :

We hereby certify that the applicant and his/her guardian/parents/husband have signed this from in our presence and are not related to him/her.

1. Name Satyandra kumar

(Signature) [Signature]

Address 220 KV power House Middle coloni

Deva Road Chinhat Lucknow

Phone 8687707197

Date 18/06/2022

2. Name

(Signature)

Address

Phone

Date

Right of Admission Reserved

Dr. ARCHANA CHOUHAN
PRINCIPAL

Admission cannot be claimed as a matter of right in the Institute of Paramedicals and the selection committee, reserves the right of admission.

BABA COLLEGE OF NURSING
INSTITUTE OF PARAMEDICALS
56, MATIYARI DEVA ROAD
CHINHAT, LUCKNOW-226028

Hostel INSTITUTE OF PARAMEDICALS

56, MATIYARI, DEVA ROAD, CHINHAT, LUCKNOW - 226028

APPLICATION FORM



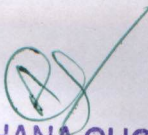
- Name of Applicant (Block Letters) ANNU KUMARI RAM
- Father's/Husband's Name SUDAMA RAM
Occupation driving
- Date of Birth 10/08/2000
- Permanent Address AINTHI, MUSEHARI BAZAR, GOPALGANJ
BIHAR Contact No. 9693375850
- Local Guardian's Name Satyandra kumar Relation Brother
- Local Address 220 KV Power House Middle colony
Deva Road chinhath lucknow Contact No. 9693375850

DECLARATION

I/we Annu Kumari Ram s/o, D/o Sudama Ram
R/o AINTHI, MUSEHARI BAZAR, Gopalganj declare that

- All entries in application form are correct and true in my knowledge.
- I have noted all the rules and regulations, terms and conditions as the resident of institute hostel and will strictly follow (Printed on back of the application form) them with all respects.
- I have noted that fees once paid by me as the resident of hostel in neither refundable nor adjustable, in any circumstances what soever it may be.

Sudama Ram
Signature of Father/Guardian


Dr. ARCHANA CHOUHAN
PRINCIPAL
BABA COLLEGE OF NURSING
INSTITUTE OF PARAMEDICALS
56, MATIYARI DEVA ROAD
CHINHAT, LUCKNOW - 226028

Annu Kumari Ram
Signature of Applicant


भारत सरकार
Government of India



अन्नु कुमारी राम
Annu Kumari Ram

जन्म तिथि / DOB : 10/06/2000
महिला / Female



6980 9708 0785


आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India


पता: अन्मजा सुदामा राम
मंझरिया, मुसहरी, गोपालगंज, मुसहरी
बाजार, बिहार, 841426


Address: D/O: Sudama Ram, manjheriya,
Musahri, Gopalganj, Musahri Bazar, Bihar,
841426

6980 9708 0785


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