



Kohinoor College of Paramedical Sciences

(A division of Kohinoor Hospital)

Form No.:

Passport size
35 mm x 45 mm
Photo here

INSTRUCTIONS

- 1) Please read the application form carefully before filling.
- 2) FORM should be filled in BLOCK letters only.
- 3) Please note that incomplete form will be rejected.
- 4) Please mention your number in all our correspondence with us. Any change in your address or contact number should be intimated to us immediately.
- 5) Please enclose a photocopy of 10th & 12th mark sheet & leaving certificate along with the form.

Full Name: _____
(First name) (Middle name) (Surname)

Date of Birth: _____ Gender: MALE FEMALE.
DAY/MONTH/YEAR

Place of Birth: _____ Blood Group: _____

Caste: _____ Sub- caste: _____ Religion: _____

Category: OPEN OBC SC ST Other (Please Specify) _____

Mother Tongue: _____ Nationality: _____

Email ID: _____

Current Address: _____

City: _____ State: _____ Postal code: _____

Telephone No. (Residence): _____ Mobile No.: _____

Permanent Address: _____

City: _____ State: _____ Postal code: _____

Telephone No. (Residence): _____ Mobile No.: _____

Father's /Guardian Name: _____

Father's /Guardian Occupation: _____

Father's /Guardian Office Address: _____

Father's /Guardian Mobile No.: _____

Mother's Name: _____

Mother's Occupation: _____

Mother's Mobile No.: _____ Annual Family Income: _____

Education Details

Examination	Name of the School/College	Passing Year	Percentage	Academic Stream
SSC				
HSC				
Other				

Diploma Programme Interested in:

DMLT DMIT DMRS DACT DRD DOPT

CET Score : _____ CET Classes Name : _____

Extra Curricular Activities: _____

Awards & Achievements: _____

How did you come to know about KCPS?

News papers (specify) Seminar/counseling Exhibition Internet
 Outdoor advertisement Friends others (please specify) : _____

DECLARATION:-

- 1) I hereby declare that the information given by me is true to the best of my knowledge and belief. If at any stage it is found that I do not satisfy the admission criteria or the information furnished by me is incorrect, my application to the course stands cancelled.
- 2) I have read and understood the rules and regulation with respect to admissions, fee for the program (including government taxes if applicable), fee refund provided in the prospectus and agree to abide by them. The decision of the institute will be final and binding.
- 3) I agree to pay the fees for the course before the due date as communicated to me by the admissions committee.

Place: _____

Date: _____

(Signature of student)