Admission form No.\_\_\_\_\_\_\_\_\_\_ Enrollment No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMSR INSTITUTE OF PARAMEDICAL SCIENCE**

**IAO Accredited and an ISO 9001:2008 Certified Institute**

Paste your colored

Photograph

**COURSE NAME :** Click here to enter text.

**SPECIALIZATION SELECTED:** Click here to enter text.

1. Give your full Name:

First Name Middle Name Surname

 Click here to enter text. Click here to enter text. Click here to enter text.

1. Father’s / Mother’s / Guardian’s Name: Click here to enter text.
2. Date of Birth Click here to enter a date.
3. Male [ ]  Female [ ]  Married [ ]  Single [ ]
4. Telephone No.:Click here to enter text. Mobile No.: Click here to enter text.
5. Mailing Address: Click here to enter text.
6. Permanent Address: Click here to enter text.
7. Email: Click here to enter text.
8. Qualifications. Give detail starting Xth Standard.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Academic Qualification | University / College / Institution | Subject | Year of Passing | Grade / Division / Percentage |
| Xth | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| XIIth | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Diploma / Graduation | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Attach DD / Cheque in favor of **“IMSR Institute”**

DD has to be payable at Mumbai city only.

Fees payment mode: Credit Card / Debit Card / NEFT / Money Gram

Course fees Amount: Click here to enter text.

Payment detail: Click here to enter text.

**Declaration by the Applicant:**

I certify that the information submitted by me in support of this application, is true to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, my admission is liable to be rejected / cancelled at any stage of the program without any refund. I am aware that IMSR Institute of Paramedical Science (IMSR) is providing online paramedical courses and Indian Government do not recognize paramedical courses done by distance or Online mode, hence it’s understood that IMSR program certificate is not equivalent to certificate provided by recognized university. I know and agree that after admission no refund, transfer, cancellation or adjustment will be done in any circumstances. I know and agree that all disputes subject to jurisdiction of court in Mumbai city only. I have read, understood and fully agree the above declaration and I undertake to agree and abide to declaration before proceeding for admission on my own full responsibility and risk.

Place: Click here to enter text.

Date: Click here to enter a date.

AGREE TO THE DECLARATION [ ]

THIS IS DIGITAL APPLICATION FORM

**FOR OFFICE USE ONLY**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMSR Institute of Paramedical Science**

New Mumbai | Maharashtra | INDIA

www.imsrindia.com