



# ALAKHBHANU INSTITUTE OF PARAMEDICAL SCIENCE

Jagdishpur, PO Subhai, Hajipur  
Vaishali-844 102 BIHAR

Cell : 93106 16984 | 7042133294

E-mail: info@aipshajipur.com

## Personal Details

Registration No. \_\_\_\_\_

Admission No. \_\_\_\_\_

*(Please fill the form in CAPITAL LETTERS only)*

To,

The Principal  
Alakhbhanu Institute of Paramedical Science

Affixes recent  
Passport Size  
Colour  
Photograph  
of Student

Madam/Sir'

I/We wish to admit my Son/Daughter to your Institute. I have fully acquainted myself with the rules, regulation and general working of the Institute and I agree to abide by them.

Name of the Student

Sex  M  F

Date of Birth  Place of Birth

Age as on 1st April, 20  years  month  day

Course Admitted to \_\_\_\_\_ Nationality \_\_\_\_\_

Mother Tongue : Hindi  English  Other

### Residential Address (Local Address)

Village/H.No./Plot No. \_\_\_\_\_ Post Office \_\_\_\_\_

City/District \_\_\_\_\_ State \_\_\_\_\_ PIN

Distance from the Institute in kms \_\_\_\_\_

### Permanent Address (Postal Address)

Village/H.No./Plot No. \_\_\_\_\_ Post Office \_\_\_\_\_

City/District \_\_\_\_\_ State \_\_\_\_\_ PIN

Residence Phone No, \_\_\_\_\_ Mobile No. (In Case of Emergency)

Date \_\_\_\_\_ Signature of Father \_\_\_\_\_ Signature of Mother \_\_\_\_\_



## Personal Details

Father's Name   
 Age

Educational Qualification \_\_\_\_\_ Occupation/Designation \_\_\_\_\_

Organisation Address (Office) \_\_\_\_\_

Phone (Office)/Mobile

E-mail \_\_\_\_\_ Date of Birth

Mother's Name   
 Age

Educational Qualification \_\_\_\_\_ Occupation/Designation \_\_\_\_\_

Organisation Address (Office) \_\_\_\_\_

Phone (Office)/Mobile

E-mail \_\_\_\_\_ Date of Birth