



SURAIYA INSTITUTE OF PROFESSIONAL & HEALTH EDUCATION

Affiliated by Bharat Sevak Samaj

(Established in 1952 by Planning Commission, Govt. of India)

Campus of Baba Saheb Bhimrao Ambedkar College, Jharharwa, Valmikinagar,
West Champaran, Bihar-854107, Mob.: 9973529932, 9905065377

Website: www.siphed.in / E-mail: suraiyaeducation@gmail.com

Sl. No.-

ADMISSION FORM

Course Applied for (a) Professional (b) Paramedical



Name of Course :.....

1. Name of the Candidate.....

2. Father's Name.....

3. Mother's Name.....

4. Date of Birth Blood Group.....

5. Permanent Address : Village..... Post.....

P.S..... Distt..... Pin Code

6. Correspondence Address : Village..... Post.....

P.S..... Distt..... Pin Code

7. Identification Marks (1)..... (2).....

8. Mob. No.-1 Mob. No.-2

9. Aadhaar No. E-mail ID

10. (a) Category..... (b) Cast.

11. Educational Qualification :

Sl. No.	Subject	Year of Passing	Name of Board / University	Division	Name of Subject	Marks Obtained	Percentage of Marks
1.	Matric or Equivalent						
2.	Inter or Equivalent						
3.	Graduate or Equivalent						

12. Bank Draft No. with issuing Bank Name and amount.....

DECLARATION

I.....

declaring that the above information given by me is true & best of my knowledge I agree to abide by the rules & regulations of the college. I shall not indulge in the act of any illegal activity. If I am found to have been indulged in such act my admission shall be liable to be cancelled beside on any other action under the law.

Authorised Signatory

Signature of the Applicant

No. of Admission Form

RECEIPT

Received the admission form Sri..... with

DD/Cheque/Cash No..... amount Rs..... (in words.....) with thanks

Authorised Signatory