

GANGA SHEEL PARAMEDICAL COLLEGE

(City Office : A-3, Rampur Garden, Opp. Gandhi Udyaan, Bareilly) Phone No. 8650460680, 9395064697
Visit us:- www.gangasheelschoolofnursing.com, E-mail: principalgssn@gmail.com
Affiliated by UPSMF, Lucknow (UP)

Sl. No

REGISTRATION FORM

SESSION 20__ - __ Registration No.:

Please fill all detail in CAPITAL letters

Tick the box for the course which you want to apply:-

- Diploma in O.T. (Tech.) Diploma in Physiotherapy Technician
Diploma in Cardiology (Tech.) Diploma in Emergency & Trauma Care (Tech.)

Passport Size
Photograph
With self-
attested

1. Name of Candidate:

2. Gender (Tick) M F

3. Date of Birth Aadhar No.

Date

MM

Year

Aadhar No.

4. Category GEN SC ST OBC

5. Year of Qualifying Examination (10+2)

6. Minimum the (subject Stream) offered in 10+2: Science Bio Maths Arts English Other

7. Father's Name:

Occupation _____ Income _____ Aadhar Number _____

8. Mother's Name

Occupation _____ Income _____ Aadhar Number _____

9. Present Correspondence Address:

.....
..... PIN CODE

10. Contact Details: Mob. No 1 Mob. No 2

Land Line No. with STD Code

E-mail ID

Signature of the Candidate

Signature of Guardian

Signature of Admission Incharge

Signature of Principal