

DR. P.K. TIWARI PARAMEDICAL ULTRASOUND TRAINING INSTITUTE

(Internship Tie-up Research Centre) in Collaboration with

Patna Institute of Nursing & Para Medical Science

H.O. - E-95, P.C. Colony, Kankarbagh, Patna - 20, Mob. No. - 9955245153, 7050037694

Website - www.usgparamedicaltraining.com; E-mail - alcdiagnostics@gmail.com

Application Form for Registration/Admission .

| | |
|----------------------|------------------------------|
| For Office use Only | |
| Received Amount..... | vide D.D. No. Date..... |
| Receipt No. | Date |

Applied for admission in the course of

APPLICANT'S SIGNATURE

Name :

Father's Name :

Mother's Name :

Applicant's Date of Birth :

Gender (M/F)

Category (Tick ✓ Any one of following)

GEN OBC SC/ST

Father's Occupation :

Parents Mobile No.

Personal Mobile No.

Address :

P.O.

P.S.

Distt.

Pin

Nationality

Religion

| Examination Passed | Board/University | Year | Division | Aggregate (%) | Subject |
|--------------------|------------------|------|----------|---------------|---------|
| Matric | | | | | |
| I.Sc. | | | | | |
| | | | | | |

Place

(.....)

Date

Signature of Candidate