



Salim Memorial Para-Medical College & Hospital

Marjadawa-Parsa, Post Marjadawa, Dist-West Champaran (Bettiah), 845306.

Admission Form

Photo
With
signature

Registration. No. **SMPMCH/20.../...**
(Official use only)

Course: - Session. **20.... /20....**

Name.....

Father Name

Mother Name.....Aadhar No

Date of Birth./.../..... .Gender (Male/Female).....

Caste Category (GEN/OBC/SC/ST/PH) Disability (Yes/No).....

Religion..... Marital Status.....

Permanent Address.....

District.....State.....

PIN Code E-mail ID.....

Contact No(s)(1)..... 2).....3) Whatsaap.No.....

Education Qualification.

Exam Passed	Name of Board	Year of passing	Full Marks	Division	Percentage of Marks	Remarks
Matriculation						
Inter						
Others						

Technical Educational Qualification (if any).....

I declare that the particulars furnished by me in this form are true to the best of my knowledge & belief.

Signature of Parents

Signature of Student