

All India Council For Vocational & Paramedical Science

(Run by All India Council for Vocational & Paramedical Science)

	APPLICATION FORM			
Session : 20 20		Date of Apply : //		
Centre Code:		Photograph of Applicant		
1. Name of the Applicant (Mr./Ms	s.)			
(Write your full name as mentioned in your Secondary Certificate)		Paste your recent passport size color photograph		
2.Father's Name		Do not pin or staple		
3.Mother's Name				
4.Date of Birth DDMMY	Y Y Y 5. Sex (*) M F 6.Nation	nality		
7. Father's Occupation				
8. Address for Correspondence				
		Pin Code		
City	State			
8. Permanent Address				
		Pin Code		
City	State			
Tick right (✔) If your permanent address is same as correspondence address.				
10. Contact No./Whatsapp No. (A	applicant) 11. Contact No.	(Parent/Guardian)		
12. E-mail Id				
13. Centre Name				
14. Course Name				
15. Course Code				
16. Category (✓)				
General OBC SC	ST SBC Other	Signature of Applicant		

Place

Name of Examina	tion	Board	Subject	Year of Passing	Percentage
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			Declaration		
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All pages & Documents are necessary to be signed by the student.

Date

Note: Admission is purely on temporary basis, subject to confirmation by the AICVPS.

Signature of the Guardian

Undertaking by the Applicant

- 1. I declare that I have not been debarred from joining any educational institution or rusticated from the Institution/Board last attended.
- 2. I declare that all the statements made in the application by me are true to the best of my knowledge and belief. clearly understand that if any of the statements subsequently found untrue, my admission to the Institution would stand automatically cancelled, without any claim for refund.
- 3. I have read the rules & regulations regarding admission criteria made by the Institution and instructions incorporated there in carefully. I have read and understood the conditions of eligibility for the programme to which I seek admission. I fulfill the minimum eligibility criteria and I have been provided with necessary information in this regard. In the event of any information being incorrect or misleading my candidature shall be liable to cancellation by the AICVPS at any time and I shall not be entitled to refund of any fee paid by me to the Institute.
- 4. I have satisfied my self that I fulfill the minimum educational, physical and medical standards and that I agree to be removed from the institution if found deficient in these standards during the course of my stay at the Institute.
- 5. I agree that admission may be granted to me on the conditions stated in the latest edition of the prospectus/Syllabus prescribed by the AICVPS or such modification thereof as may be made by the authorities.
- 6. I have read the rules, regulations and code of conduct as prescribed by The AICVPS and promise to abide by them and those that may be made in future for the admission to the Institute. I also undertake that I shall do nothing inside Institution Campus that will interfere with its discipline.
- 7. I undertake to pay the due of Institute and other dues regularly if admitted.
- 8. I also declare that:
- A. I have never been convicted of any criminal offence, nor have I ever been released on bail in connection with a criminal case.
- B. No case of criminal offence or moral turpitude is pending against me in any Court of law.
- C. No complaint of F.I.R. has ever been lodged against me by the School College.
- D. I have not been debarred from appearing in by Coordination Committee.
- E. Admission is purely on temporary basis subject to confirmation by the concerned authorities.
- 9. In case it is found at any stage by the authority that I am not eligible for admission/course, I shall have no Claim for the refund of fees and will not make any legal dispute.
- 10. I accept that if any above undertaking is missing I agree to be prosecuted by the court of law for providing take acceptance take statement/declaration.

Place	Date	Signature of the Guardian		
Please Mention the source of information from where you got to know about the AICVPS.				
Newspaper Magazino	Website	Social Site		
Friend Other (M	ention)			

For Office Use Only

Admission granted for the				
mount Received Amount in Words				
Detail of Demand Draft or Cheque	DD or Cheque No.	Bank Name with Branch Address		
D D M M Y Y Y	Amount in Figure			
	Amount in Words			
		Admission Coordinator		
		Principal with Seal		
Enclosures (Photocopy) (✔)				
Certificate of 10th Class				
Mark sheet of 12th Class				
Residence Proof				
Certificate of Bonafide				
Medical Certificate				
Certificate of Handicapped				
Income Certificate Identity Proof				

The application filled in by the student, along with requisite fee & copies of certificate must be submitted to respective Institution.

Signature of the Applicant