



DIHPPS

NIOS/VOUSE AFFILIATED & NCT.GOV.T OF DELHI REGD.PARAMEDICAL INSTITUTE

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Telefax:+911126668884 Email: dihpdelhi@yahoo.com, info@dihpdelhi.org Website: www.dihpdelhi.org

ADMISSION FORM (NOT TRASFERABLE)

Application No:

To,
The Director
Sir, Please Enroll me as a student of Delhi Institute of Homoeopathic Pharmacy & Paramedical Sciences, New Delhi-44 for the Course of:.....
Running Under NIOS / VOUSE University.

Paste Recent
Passport Size
Photo of the
Trainee

Name of Applicant																				
S/O,D/O,W/O																				
Mother's Name																				
Qualification																				
Date of Birth																				
Nationality																				
Correspondence Address																				
Cast / Religion																				
Telephone No																				
E-mail																				

8. Whether hostel accommodation required: Yes / No.
9. The name of the qualifying examination passed:.....
10. Name of the Authority / Board that issued the Certificate:.....
-
11. Medium of Instruction: English / Hindi

12. Name of the Institution last studied & Address:.....

13. Examination Passed : HSC (Academic) or equivalent examination

S.No	Educational Qualification	Subject	Year	Regd. No/Roll No	Maximum Marks	Obtained Marks	Percentage

DECLARATION BY CANDIDATE

- I, hereby declare that the particulars given above are true and Correct to the best of my knowledge. I have filled up this application after reading all the instructions in the Prospectus carefully. I am aware that I am liable to be punished by expulsion from the College and hostel for Willful suppression or misstatement of facts.
- I accept it as my career and have complete knowledge about course and also No objection about Rules and Regulations of Institute.
- I am seeking voluntary Admission in **DIHPPS New Delhi-44** Courses for Knowledge /start self-Employment in this field and also giving promise to deposit all dues before Conduction of Examination within time.
- I am him /her self responsible for all disputes, Institute will not responsible for any kind of legal or illegal Disputes.
- During completion of course I have gone through all the rules and regulation of Institute.
- Send your Fee in advance through Cash / Demand draft no-----Amount of -----
Bank-----dated-----through Speed Post/Regd. Post/Courier or Transfer your fee in account of **SIMPATY NEW DELHI** Account no **3976002100006387** (IFS CODE-PUNB0397600) Punjab National Bank Sarita Vihar New Delhi.

I do undertake to abide by the rules and regulations of the Delhi Institute of Homoeopathic Pharmacy & Paramedical Sciences, New Delhi-44 that are in force and framed from time- to-time.

Signature of Parent / Guardian

Signature of Candidate