

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

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EXAMINATION FORM

SEMESTER- ROLL NO- STUDY CENTRE-

COURSE								Paste		
NAME OF APPLICANT'S								Recent Passport Size		
FATHER'S/HUSBAND NAME										
MOTHER'S NAME								Photo of the		
DATE OF BIRTH										
NATIONALITY										
POSTAL ADDRESS										
ENROLLMENT NO										

- 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 miss statement 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 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.

Principal with Seal Examination In charge Signature of Candidate