DR. R.N. GUPTA INSTITUTE & RESEARCH CENTRE

उत्तर प्रदेश स्टेट मेडीकल फैकल्टी लखनऊ से सम्बद्ध

निकट पैरामेडिकल पुलिस चौकी, कछला रोड, सहसवान (बदायूँ)

9286202004, 9286202002 drng.institute@gmail.com

Application For Sessions 20.....20.....

Course Applied for.....

Name of Application (In Block Letters).....

Age.....Year Sex : Male & Female:.....Date of Birth.....

Nationality:.....Language Known: To Speak.....

Marital Status: Single.....Married .....Category (General/BC/OBC/ST/SC)

Corresponding Address.....

Email:.....Mobile:.....

Permanent Address.....

Student Aadhar No. .....

Father's Name.....

Occupation:.....

Mother's Name.....

Occupation:.....

Family Income.....

School/College in which last studied.....

Extra Curricular Activities (if any).....

Do you need to avail hostel facilities : ☐ **Yes** ☐ **No**

Reference (Give name and address of 1 person)

(1).....

.....

Joint Declaration by the Applicant and Parent/Guardian I.....

here by affirm that particular given in the application are true and correct. If it is proved at any stage that there is any supersession, distortion, or Incorrect and False statement of particular we hereby agree to be proceeded against legally, even leading to dismissal from the institution /hostel

Signature of the Parent/Guardian

Place:_____

Date:_____

Signature of the Applicant

For office use

Application received on.....Eligible.....Not Eligible.....

Admission Approved .....Selected.....Not Selected.....

Certificate verified

01. 10th Mark Sheet/Age.....02. Community Certificate.....

02. Transfer Certificate.....04. 10+2 Mark Sheet or equivalent certificate.....

05. Conduct Certificate.....06. Passport Size Photo 6 Nos.....

07. Aadhar Number.....

Hosteller.....Day Scholar.....Roll no.....

Signature of staff Processed the application

Name.....

DECLARATION

I here by solemnly affirm and declare that:

The entries in the form and the additional particular in reply to the question above are, complete and correct to the best of my knowledge and belief. If the event of any information being found false or incorrect or ineligibility being detected before. The admission can be held by MANAGING DIRECTOR of DR. R.N. Gupta Institute & Research Centre.

I am mentally and physically fit and do not suffer from any physical deformity or any communicable disease.

I will neither use any intoxicants, stimulants, drink and drugs of dangerous nature nor smoke or consume barbiturates etc. in the Hostel and Institute premises/campus.

I hereby agree to pay the cost of damages caused by me in the movable and immovable property of the institute or any department concerned due to negligence of duties/work.

I will not keep myself absent from the classes without obtaining due not prior permission from the Principle/Managing Director and assure to attend 80% classes (Theoretical and Practical).

I have Noted that the fees once paid will not be refundable note adjustable in any circumstances. College will not be responsible for any change in circumstance or my personal or family problems or for reimbursement of my fees/expenditure by Authority/Mission Central or State Government etc.

I hereby agree that in case of any dispute between me and the Institute during the training period matter will be referred to the Managing Committee of the DR. R.N. Gupta Institute & Research Centre whose decision shall be final in all respect.

I shall not take part in political activities students Union/Association/Action Committee etc. of the Institute.

I have never been convicted by the Court of Law & all dispute subject Lucknow Jurisdiction only.

I will not do any Ragging if i am found indulged in any Ragging activities action can be taken against me including Removal from the Institute.

Signature of the Guardian/Parent

Signature of the Applicant