APPLICATION FORM



BAGDOGRA PARAMEDICAL INSTITUTE

Academic Collaborator of SINGHANIA UNIVERSITY

Affiliated to UGC & AICTE Govt. of India

Upper Bagdogra Bagdogra - 734014 Dist. Darjeeling

Date :.....

8348128128 / 9734250001 / 9609108106 / 8145736154

Dhobi Khola Kurseong - 734203 Dist. Darjeeling

Signature of Applicant

E-mail: bagdograparamedical@gmail.com Website: www.bagdograparamedicalinstitute.com

To be filled by candidate

Father's Name : First Name/Middle Nam	
Mother's Name : First Name/Middle Nar	ne/Last Name
Date of Birth :	Mobile No. :
E-mail :	
Gender : Category :	Blood Group:
Current Address :	
ID Type :	ID No. :
Nationality : City	Country: Pin Code:
Qualification :- 10 > Year of passing :	Board: Total Percentage:
12 > Year of passing :	Board : Total Percentage : Session :

: NOTE:

- i) Violation of rules and regulations will not be accepted.
- i) The applicant must fill in the form in his/her own handwriting.
- iii) Three passport size photo along with xerox copy of the required qualification certificates of the candidate must be accompanied with the application form.
 - iv) Cash/Demand Draft for requisite fee must be sent in favour of Bagdogra Paramedical Institute payable at Darjeeling, failing which application form will not be entertained.
- v) All correspondences are to be made at the aforesaid address of the institute.

vi) NOTE:-

- a) Money once paid, will not be refunded.
- b) Admission fee is not refundable under any circumstances.
- c) No fee is refundable in case a student is deemed to have dropped out and/or has taken course stopover/transfer.
 - d) No fee is refundable for any upgrade admission.