

**APPLICATION FORM**



**BAGDOGRA PARAMEDICAL INSTITUTE**

Affiliated to VISHWAKARMA OPEN UNIVERSITY FOR SELF-EMPLOYMENT, INDIA (VOUSE),  
Approved by : Directorate General of Employment and Training, Ministry of Labour (1990), Govt. of India.

Our Affiliation No. VOUSE/1A/2K17/2K18/3243.02

Authorised Representative of College of Pharmaceutical Sciences, Puri

Approved by AICTE & Pharmacy Council of India (PCI), Govt. of India

Upper Bagdogra,  
Bagdogra - 734014  
Dist. Darjeeling

9609108106 / 9735252406 / 8436611406

Email : bagdograparamedical@gmail.com

Dhobi Khola,  
Kurseong - 734203  
Dist. Darjeeling

1. Name of Candidate (in block letters) : .....
  2. Father's / Husband's / Wife's Name : .....
  3. Date of Birth : .....
  4. Sex : Male / Female
  5. Qualification : .....
  6. Name of Course : .....
  7. Permanent Address (in block letters ) : .....
  8. Present Address (in block letters : .....
- Phone.....Mobile.....E-mail.....

I declare that I submit this application of my own accord for the course of.....

I also declare that I shall abide by the rules and regulation of the institution.

Date : .....

Signature of applicant

- Note :
- i) The applicant must fill in the form in his/her own handwriting.
  - ii) Three passport size photo along with xerox copy of the required qualification certificates of the candidate must be accompanied with the application form.
  - iii) 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.
  - iv) All Correspondences are to be made at the aforesaid address of the Institute.

Email : bagdograparamedical@gmail.com