



DR. P.K. TIWARI

Institute of Radio-Imaging & Medical Science Technology
Approved by UGC, AICTE, S.J.E.E., OMHRD-NISDC & NTA

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Application Form for Registration/Admission

For Office use Only

Received Amount _____ vide D.D. No. _____ Date _____

Receipt No. _____ Date _____

APPLICANT'S SIGNATURE

Applied for admission in the course of _____

Name:

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Father's Name :

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Mother's Name :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Applicant's Date of Birth

--	--	--	--	--	--	--	--

Gender (M/F)

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Category (Tick Any one of following)

GEN OBC SC/ST

Father's Occupation:

Parents Mobile No.

Personal Mobile No.

Address:

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P.O.					P.S.												
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Dist.									Pin								
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Nationality

Religion

Examination Passed	Board/University	Year	Division	Aggregate (%)	Subject

I hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I understand that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place _____

Date _____

Signature of Candidate