Declaration by Guardian

Place:



Institute of Paramedical Sciences

Dahivali, Karjat, Dist - Raigad, PIN - 410201

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in IBSAR Group of Colleges

Signature of the Guardian

| For College use only | | Course admitted to | | | | | | | Form No.: | | | | | | |
|--|--------------|--------------------|---|-------------------|---|--------------|---|--|--|---------------------|--------|------------------|--|------|--|
| | | Admission date / / | | | | | | Please paste a passport size(35 mm x 45 mm) | | | | | | | |
| Kindly read important notes before filling-in-fo 1. Use Blank ink to fill in the form an Do NOT over 2. Fill in all fields in CAPITAL letters only 3. Strike-off whichever is NOT applicable. E.g. If y | | | | OT overw | verwrite | | | | Student's Signature | | | | Do not staple. Photo should not exceed the border. | | |
| Course applied f Diploma in: | | | | | h & Sanitary Asst. / N Yoga Science / Natur | | | Student sl the box ab | nould sign strictly ove only with bla | y inside ack ink | | | | | |
| Perso | nal In | forn | nation Sec | tion | | | | • | | ' | | | | | |
| N. CH. O. L. | | | Last Name | | | First Name | | | | Middle Name | | | | | |
| Name of the Student Father's/ Husband's Name | | | | | | | | | | | | | | | |
| Mother's | | | | | | | | | | | | | | | |
| Date of Birth (DD / MM / YYYY): | | | / / Gender: N | | | | ale/ Fema | - | | | | | | | |
| Place of E | Birth: | | | Blood Grou | | | | ıp (With Rh): | | | | | | | |
| Religion: | | | | | | | Nationality: | | | | | | | | |
| Addres | ss fo | r Co | rresponde | ence: | | | | | | | | | | | |
| State: | | | | District: Tehsil: | | | ıl: | | | | | | | | |
| Address (I | House N | No., Str | eet/ Area etc) | | | • | | Pin Cod | le: | | | | | | |
| Perma | nent | Add | ress [Wri | te onl | y if differen | t than | 'Addres | s of C | orresp | ond | ence' |] | | | |
| State: | | | | District: | : | Tehs | il: | | | | | | | | |
| Address (| House N | No., Str | eet/ Area etc) | | | • | | Pin Cod | le: | | | | | | |
| Contac | ct De | tails | : | | | | | | | | | | | | |
| Phone #1 | А | rea/ ST | D Code | | Phone No. Mobile No. | | | | | | | | | | |
| Mobile No | ١. | | | | | Email | ID: | | | | | | | | |
| Legal Re | eserva | tion I | nformation S | Section: | : | | | | | | | | | | |
| Domicile of State | | | Category: Open / Reserved If Reserved SC / ST / DT(A) / NT(B) / NT(C) / NT(D) / OBC / SBC | | | | | | | | | | | | |
| Caste: Sub-Caste: | | | If Physically Challenged : Visually In Orthopaedic Disorder or Mentally R | | | | Speech ar | nd / or I | Hearing | mpa | ired / | | | | |
| Attache | d Doci | ument | ts and Certifi | icates S | Section | | · | | | | | | | | |
| Sr. No. Name of Document/ Cer | | | tificate | Name of Scho | ool/ Coll | ege/ Univer | | rade/ Tota larks | al | Out of | | Attach (Yes / | | | |
| 1 | 10TH STD | | | | | | | | | | | | | | |
| 2 | 12TH STD | | | | | | | | | | | | | | |
| Guard | ian Ir | ıforn | nation Sec | tion | | | | | | | | | | | |
| Guardian | 's Nam | e : | | | | | | | | | | | | | |
| Occupation of the Guardian : Service / Business / Profession | | | | | / Farmei | / Labourer / | Annual Income of the Guardian (Rs.) (last financial year) | | | | | | | | |
| Relationship of Guardian with applicant: | | | | ant: | | | | | Phone No. | | | | | | |
| Other Inf | ormati | on Se | ction | | | | | | | | | | | | |
| Mother To | ongue: | | | | | | | | | | | | | | |
| Would yo | u like t | o appl | y for Hostel : Y | 'es / No | | | | | | | | | | | |
| Declara | tion k | y St | udent | | | | | | | | | | | | |
| my knowledg | ge. I will b | e respor | | epancy, ari | sion and the informat ising out of the form s Il stand cancelled. | | | | | | ent | ture o | f the Stu | dent | |

I have permitted my son/ daughter/ ward to join your college. The information supplied by him/her is correct to the best of my knowledge.

I have acquainted myself with the rules and fees regulations of the institute and will see that my ward abides by the same.