



Institute Code-AVI-N0-710224

K.D INSTITUTE OF MEDICAL SCIENCE

Approved by NIOS, Education Department

Ministry of H.R.D. Govt. of India

A Unit of Nature Care & Community Health Organization New Delhi

Register NCT of Delhi & Ministry of Aayog. Govt of India

[Email.s.d.kdims@gmail.com](mailto:s.d.kdims@gmail.com) , Website--Kdinstitute.com

INFORMATION FORM

Enquiry Date-----

Applied Course-----Duration-----Session June-----/Dec-----

Medium -----Hindi/ English Programme form /NIOS/ Board/ University-----

DETAILS OF APPLICANT

Name of Applicant(Block Letter)-----

Father's Name----- Mother's Name -----

Date of Birth----- Mobile no-----

Aadhar No-----Gender -----Male-----Female

E-mail Address:-----

DETAILS OF EDUCATION QLFICATION

NAME OF EXAM	YEAR	BOARD / UNI	Obtain Marks	PERCENTAGE
10 TH				
10+2 (Bio)				
Graduation				

Permanent Address House No- Block- Street No_____

Village.Town_____

Landmark-----

Distt _____ State _____ Pincode _____

Signature: -----

Required Documents: -

- Recent Passport size Color Photo Size Max. 1 MB JPG File
- Qualification certificate - Mark sheet, Certificate Size Max. 1 MB JPG File
- proof of Permanent Address Aadhar Card, Voter ID, Electricity Bill, Passport
- Signature-on a white paper (Preferably in Black Ink)
- Social Category – Caste Certificate
- BPL Certificate (In Case belongs to the BPL Category)
- Disability certificate (In case he/she is having any kind of disability)

Details of Fee	Paid	Balance	Cash/ Cheque

Fees are deposited ones will not be refundable and adjustable in any circumstances.

Date-.....

Signature of applicant