



K.D INSTITUTE OF MEDICAL SCIENCE

Approved by NIOS, Ministry of H.R.D. Govt. of India

Certified by Ministry of Micro, Small & Medium Enterprises, Govt. of India

Corporate Office (Delhi) – Lokpriya Hospital, Jhilmil Colony, Vivek Vihar, Phase-2, Delhi

Ghaziabad office-KA Block-Kamal Hospital, Kaushambi Ghaziabad, Pin-201010

[E-Email.s.d.kdims@gmail.com](mailto:s.d.kdims@gmail.com) , [Website--Kdinstitute.com](http://Kdinstitute.com), Helpline No-0120-4998752

ADMISSION CUM REGISTRATION FORM

INSTRUCTIONS:

1. Form should be filled in block letter in English language with blue ink only by the applicant.
2. Incomplete application will be rejected without any further communication.
3. All deposit fee will not be refundable / adjustable any circumstance.
4. All Document attached by applicant with attested by Gazetted officer /self.
5. Dispute, if any, are Subjected to Ghaziabad Jurisdiction only.

Photograph of
Applicant

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

Programme form /NIOS/ Board / University-----

Credit transfer ----- lateral entry-----

Registration no-----Enroll no-----

DETAILS OF APPLICANT (In Capital Letter Only)

Name of Applicant-----

Father's Name-----

Mother's Name-----Date of Birth-----

Gender-----M-----F-----Religion-----Cast-----Married Status-----

Address-----

Pin code-----Contact NO-----

E-mail ID -----

DETAILS OF EDUCATION QUALIFICATION:

Name of Examination	Roll No	Passing Year	Board / University	Result
10 TH				
10+2				
Graduation				
Other				

Details of Fee

Cash/ Cheque NEFT/RTGS/Account of **071801001375** - Bank - ICICI Bank Ghaziabad IFSC Code- **ICIC0000718** Or DD In Favour of **K D Institute of Medical Science Payable at Ghaziabad UP**

Total Fee Paid Balance Cash/ Cheque NEFT/RTGS/ DD

Rs-	Rs-	Rs-	By-
Documents	10 th Mark Sheet (Xerox) Self-Attested	10+2 ^{Mark} Sheet (Xerox) Self-Attested	Adhaar Card / Voter ID 04 Current Photos

Date-.....

Signature of applicant

DECLARATION BY THE APPLICANT

I solemnly declare that I have done carefully through prospectus and that aforementioned information and enclosed documents above are true and complete to the best of my Knowledge and belief. I shall obey all the instructions in prospectus and during my course whether it is verbally or written. If I will not obey all the rules, Principal / Director of Institute have the authority to strike of my name from Institute without paying my fee back.

Signature of Guardian

Signature of applicant

Date-----