



## **K D INSTITUTE OF MEDICAL SCIENCE**

**Approved by NIOS, Ministry of Education. Govt. of India,  
Shri Venkateshwara University, Govt. of UP**  
A Unit of Nature Care & Community Health Organization New Delhi  
Registered NCT of Delhi & Ministry of Aayog. Govt of India

### **INFORMATION CUM ADMISSION FORM**

Enquiry Date-----

Information.- News Paper –AU/HT/DJ/Flex/ FB/Insta/JD/Web/Google/ by Reference

Branch---- New Delhi ...../ Ghaziabad-----

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 -----M/F Category -----

E-mail Address:-----

#### **DETAILS OF EDUCATION QLIFICATION**

NAME OF EXAM	YEAR	BOARD / UNI	Obtain Marks	PERCENTAGE
10 <sup>TH</sup>				
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)

<b>Details of Fee</b>	<b>Paid</b>	<b>Balance</b>	<b>Date</b>	<b>Sign.</b>
1.				
2.				
3.				

**Fees are deposited ones will not be refundable and adjustable in any circumstances.  
Examination Fee will be as per norm**

Date-.....

Signature of Admission Incharge

Signature of applicant