



रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एन्ड नर्सिंग साइंसेज  
**REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES**

(भारत सरकार, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, स्वायत्त संस्थान)  
(An Autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

जेमाबोक, आईजोल, मिज़ौरम - 796017  
Zemabawk, Aizawl, Mizoram - 796017

FORM NO: \_\_\_\_\_/2018.

**ADMISSION FORM FOR SHORT TERM TRAINING COURSES**

*(Application Form should be filled up by the student in BLOCK LETTERS)*

1.	Name of the Student	:	_____	Affix Recent Passport photo
2.	Age	:	_____ Date of Birth: _____	
3.	Sex (Male/Female)	:	_____	
4.	Community	:	_____	
	(i) Religion	:	_____	
	(ii) Category	:	_____	
	(For SC/ST/OBC/MBC member, supporting document should be enclosed)			
5.	Adhaar Card No	:	_____	
7.	Fathers' Name	:	_____	
	Occupation & Contact No.	:	_____	
8.	Mother's Name	:	_____	
	Occupation & Contact No.	:	_____	
9.	Permanent Address	:	_____	
	City/ Town/Village	:	_____	
	Police Station	:	_____	
	District	:	_____ State: _____ P.O: _____	
			Phone No. with STD Code: _____	
10.	Name of Local Guardian	:	_____	

Address with Phone No. : \_\_\_\_\_  
\_\_\_\_\_

12. Course applied : \_\_\_\_\_

13. Educational Qualification (from Matriculation onwards):

Sl.No	Name of Exam. Passed	Year of passing	Name of Board/ University	Marks Obtained	Division	Remarks

15. Any Addiction (Tobacco/Alcohol/ Drugs of any kind): Yes/No, If yes, please Specify \_\_\_\_\_

16. **Declaration by the student:**

I, \_\_\_\_\_ do hereby declare that the information furnished above are true to the best of my knowledge and in the event of any misinformation detected. I shall be liable to be punished under the Rules & Regulations laid down by the Institute.

I shall abide by the laid down Rules & Regulations of the Institute wholly during my stay in the Institute.

**In case I fail to join the classes within 15 days from the commencement of classes, my admission to the Institute stands cancelled without any further intimation to me and all concerned.**

Date :

Signature of the Applicant

**Checked Documents (To be arranged in order as per serial no. given below):**

1. *Nomination/Allotment Order.*
2. *Attested photocopy of Marksheets and certificates*
4. *Attested photocopy of Caste/Tribe Certificate.*
5. *Attested photocopy of Aadhaar Card.*