



# Weblord Institute Of Paramedical Science

G-50, Arihant Shopping Center, Nallasopara (E), Maharashtra -401209

## Application & Admission Form

**Applications should be filled in Candidate's own hand writing using BLOCK LETTER ONLY**

Name of Candidate Mr. /Ms. \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Mother Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Father's / Guardian's Occupation \_\_\_\_\_

and Occupation Address with Phone No. \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Place of Birth \_\_\_\_\_

Current Mailing Address with Phone No. \_\_\_\_\_

\_\_\_\_\_ Tel Nos. With STD Code \_\_\_\_\_

Mobile No. \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Tel Nos. With STD Code \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Course to which Admission is sought for:

\_\_\_\_\_

Do you require Hostel Accommodation?  Yes  No

### Academic Record

Note: Only take into account marks in those subject which are consider for forwarding the Class / Grade

Examination	Year of Passing	Class / Grade	% Marks PCM / PCB	School/ University
S.S.C. or High School				
H.S.C or Intermediate				
Diploma/ Degree				

Affix Recent  
Photograph

**Following Self attested Copies in triplicate are enclosed: (Tick Appropriate)**

Mark sheet & Certificate of High School Examination

Original Character Certificate by last Institution attended

Residence Proof (Passport / Voter Card/ Aadhar Card / Driving License)

**Declaration**

We \_\_\_\_\_ (Candidates) \_\_\_\_\_ (parents/ Guardian) do here by declare that the entries made in this form are true and correct. We have carefully read all terms & conditions, rules and regulations as stipulated in the prospectus of the institute and shall abide by the same. We also undertake that we will not discontinue the course in any circumstances before the completion of the course. However, if this happens due to any unavoidable / unforeseen circumstance, we shall be liable to pay the fee of full course duration remaining to be completed.

**Place:**

**Date:**

**Sign. Of Parents/Guardian**

**Sign. Of Candidate**

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**For Office Use**

Admission granted for the \_\_\_\_\_ Fees \_\_\_\_\_

Amount Received Rs. \_\_\_\_\_ (Rupees) \_\_\_\_\_

Vide Cash / Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_

Drawn On \_\_\_\_\_

**Admission Coordinator**