SHRI VINOBA BHAVE INSTITUTE OF PARAMEDICAL SCIENCES, SILVASSA

DADRA AND NAGAR HAVELI Affiliated to Bharat Sevak Samaj

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9. DECLARATION						
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SIGNATURE OF PARENT	/GUARDIAN			SIGNATUR	LE OF THE APPLICANT	
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Enclose the
following
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with duly filled
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S.No	Document	Yes	No
1	10 th Mark sheet (Including the page which mentions date		
	of Birth)		
2	Mark sheet and passing certificate of 10+2 /		
	Intermediate/ICSC/Pre-degree examination		
3	Recent colour passport size photographs		
4	Caste certificate (If applicable)		
5	Recent Non-creamy layer certificate for OBC		
6	Domicile certificate		
7	Medical certificate for physically handicapped candidates		
8	Demand Draft		