SHRI VINOBA BHAVE INSTITUTE OF PARAMEDICAL SCIENCES,
SILVASSA
DADRA AND NAGAR HAVELI
Affiliated to Bharat Sevak Samaj

Note:

i. Read the prospectus carefully and General instructions before filling up the Form
ii. Use only BLUE or BLACK pen to fill up the form
iii. Fill the form in English by using CAPITAL/BLOCK LETTERS only
iv. Do not Fold, staple or clip the Form

<table>
<thead>
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<th>APPLICATION NUMBER:</th>
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1. NAME OF THE APPLICANT

2. DATE OF BIRTH

3. SEX

4. NATIONALITY

5. COURSE

6. CATEGORY

7. REGION

8. NAME OF THE FATHER

9. NAME OF THE MOTHER

10. ADDRESS FOR CORRESPONDANCE (DO NOT REPEAT NAME)

11. CITY/VILLAGE

12. TELEPHONE NUMBER (WITH STD CODE)

13. E-MAIL ADDRESS

ALTERNATE E-MAIL ADDRESS

COURSE CODE

OPEN

SC ST OBC GEN

DNH DD OPEN

PINCODE
15. SIGNATURE OF THE APPLICANT
16. LEFT THUMB IMPRESSION OF THE APPLICANT

17. DETAILS OF 10+2 Equivalent Passed Appearing No. of Attempts

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<th>SCHOOL/COLLEGE</th>
<th>BOARD</th>
<th>SUBJECT</th>
<th>MARKS MAXIMUM</th>
<th>MARKS OBTAINED</th>
<th>PERCENTAGE</th>
<th>MONTH &amp; YEAR</th>
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18. Demand Draft No Demand Draft Date Demand Draft Amount Issuing Bank Name with Branch Code

As applicable (write application number, your Name with Address on backside of the Demand Draft)

19. DECLARATION

I hereby declare that I had carefully read the instructions and all the particulars stated in this application form are true and correct to the best of my knowledge and belief. If any of the information provided is false I shall be abide by the actions and decisions taken by Shri Vinoba Bhave Institute of Para medical sciences, Silvassa, Dadra and Nagar Haveli.

SIGNATURE OF PARENT/GUARDIAN
Date: Place:

SIGNATURE OF THE APPLICANT
Date: Place:

S.No Document
1 10th 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