Web: www.phoenixedu.org
Email: ppmi816@gmail.com

Session: _____
Sr. No.: _____

Phoenix Paramedical Institute

Affiliated to BSS (A National Development Agency, promoted by Govt. of India)

SCO 8, SECTOR 16, PANCHKULA (HARYANA)
☎: 0172 – 5054 321, 2577 008

ADMISSION FORM

Note: Fill in Block Letters only.

1. Program of Study
   a. Stream of Program

   ☐ Certificate ☐ Diploma ☐ Skills Certificate

   b. Name of Program

SPACE FOR PHOTOGRAPH

2. Study Center Code and Address: _____

3. Aadhaar Card:

4. Name:

5. Father's/Husband's/Mother's Name (strike out whichever not applicable):

6. (a) Address for Correspondence (with Pin code):

   (b) Permanent Address (with Pin code):

   (c) Telephone Number (with STD code):

7. Date of Birth: DD MM YYYY

8. Email Address:

9. Qualification Details:

10th/12th/Diploma	School/College	Board/University	Marks (%)	Subjects

10. Nationality: | | | | | | | | | | | | | | | | | | | | | |

11. Gender: Male ☐ Female ☐

12. Marital Status: Married ☐ Unmarried ☐ Divorced ☐

DECLARATION BY STUDENT

I hereby declare that I have read the prospectus thoroughly and understood the conditions of eligibility for the program for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me.

Date: _____ _____

Signature of Student

FOR OFFICE USE ONLY

1. Study Center : _____
2. Service Provider : _____
3. Program Enrolled : _____
4. Receipt Number : _____
5. Roll Number : _____

Remarks:

Phoenix Paramedical Institute

☎: 0172 - 5054321, 2577008
ppmi816@gmail.com