FATIMA INSTITUTE OF MEDICAL SCIENCES (FIMS)

Mother Teresa Road Padri Bazar, P.O. Gorakhpur U.p. 273014
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ADMISSION FORM

AFFIX A RECENT PASSPORT SIZE PHOTOGRAPH DULY SIGNED BY THE CANDIDATE

APPLY FOR:

1. BSC NURSING .....
2. GNM .....
3. ANM .....
4. DMLT .....
5. DOPT .....

SECTION A: PERSONAL DETAILS

Application No (for office use only) Read The Prospectus Carefully Before Filling The Form.

1. Name of The Applicant As In The Birth Certificate or Mark Sheet of 10th Class. (use Capital Letter Only)

2. Father's / Guardian's Name

3. Mother's Name

4. Date of Birth (dd/mm/yy) 5. Place of Birth

6. Gender: Male ☐ Female ☐ 7. Nationality

8. Marital Status: Married ☐ Single ☐

9. Religion: Christian ☐ Hindu ☐ Muslim ☐ Others ☐

* Religious Sisters Only Religious Name Duration of Stay in UP

10. Category: General ☐ SC/ST ☐ OBC ☐ 11. Blood Group

12. Annual Family Income:

13. Adhar Number:

SECTION B: CONTACT DETAILS

14. Permanent Address :

City :

15. Father's/Guardian's Contact No.

16. Alternate Contact No.

17. Present Address :

City :

Email Address :

SECTION C: ACADEMIC DETAILS

NAME OF THE EXAMINATION	MEDIUM OF INSTRUCTION	TOTAL MARKS	MARKS OBTAINED	%	SCHOOL / COLLEGE	BOARD/ UNIVERSITY

LANGUAGES KNOWN:	To Speak	To Read	To Write
Hindi			
English			
Others			

SECTION D: DECLARATION

- I hereby certify that all the particulars stated by me in this application are true to best of my knowledge and belief.
- I understand that all my admission is liable to be cancelled if I suppress or distort any information furnished in my application.
- I will produce the original certificates as and when required
- I have read the Rules and Regulations and I agree to abide by them, failing check I shall be liable to disciplinary actions.

Place :

Date :

Signature Applicant

DECLARATION BY THE GUARDIAN/PARENT :

I (Name) ..... have carefully studied the prospectus and on event of the above applicant being admitted . I undertake to pay regularly all the fees till completion of course. I understand that the fees once paid will not be refunded.

Place : Date: Signature