



AEWT GROUP OF INSTITUTIONS

ASSAM NURSING INSTITUTE ASSAM PHARMACY INSTITUTE

Titabar, Jorhat (Assam) Pin-785632

ADMISSION FORM FOR SESSION 20..... - 20.....

Form No.

COURSE APPLIED FOR

(To be filled by student)

1. Student's Name
2. Father's Name
3. Mother's Name
4. Father's Occupation
5. Mobile No. Parents

 Student
6. E-mail Address(Mandatory)
7. Category GEN / OBC / SC / ST

 Date of Birth

Paste a good
quality recent
Photograph

8. a) Permanent Address
- b) Local Guardian Address (with Mobile No.)

9. Academic Qualification

Qualification / % of Marks	10th	12th	Graduation
%PCM			
Total Aggregate			
Board / University			
Year of Passing			

10

- . Enclosures : 1. Marksheet

 10th

 12th

 Graduation
2. Admit Card

 10th

 12th

 Graduation
3. Certificate

 10th

 12th

 Graduation

4. Medical Certificate

5. recent 5 copies of Passport size photograph, one pasting on the application

Declaration

- * I hereby that all the particulars stated in this application and enclosures are true to the best of my knowledge and belief.
- * I shall submit any other information/document that may be required in future.

Signature of the Parients/Guardian

Date

(Signature of the Candidate)

Date

Note Note- Fess Once paid will not be refunded or adjusted under any circumstances.

Note • Bring all the original documents at the time admission time
• Attach photocopies of all the relevant documents.