



# CNS INSTITUTE OF PARAMEDICAL & NATUROPATHY

## AMETHI

Contact No: **8081978503, 9795864466**  
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Passport size  
Photo

Signature

### Personal Details:

Name..... Gender  Male  Female

Father's Name..... Date of Birth ...../...../.....

Mother's Name..... Category SC  ST  OBC

Address..... GEN  OTHER

..... Religion .....

..... Marital Status.....

Aadhar No..... Mobile No. ....

Please Fill Your Course Name.....

### Qualification Details:

Examination Passed	Name of School/College	Passing Year	Marks
10 <sup>th</sup>			
12 <sup>th</sup>			
Graduation			
Post Graduation			
Any Other Qualification			

Signature of Student

Signature of Chairman

I.....S/O,D/O,W/O.....here by declare that, all the particulars stated , in the application , Are true to the best of my knowledge and belief . I agree to abide by the rules and regulations of Institute and also to the Institute Authority, regarding my admission in the course and here by declare.

DATE : / /20