ONE - BEAT

DASHMESH CHARITABLE HOSPITAL SOCIETY

ONE BEAT COLLEGE OF MEDICAL SCIENCES

CAMPUS - SANT GARH NAGAR, BHIRA - KHIRI, U.P. 262901

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REGISTRATION FORM FOR ACADEMIC YEAR 2020-2021

PASSPORT SIZE PHOTOGRAPH

				В.	Sc N	Nursi	ng										A.N	I.M.							
1. 9	STUD	ENT	NAN	1E (F	ILL IN	N BLC	OCK L	ETTE	ER)																
2. I	FATH	ER /	HUS	BAN	D/ G	UAR	DIAN	INAI	ME (FILL	IN B	LOCK	LET	TER)											
3. l	MOTI	HER	NAM	E (F	ILL IN	N BLC	OCK L	ETTE	R)																
4. DATE OF BIRTH						5. AGE AS ON 31/DEC /2020							YEAR			MOI	NTH		DAYS						
6. GENDER 7. R							RELIGION							8. C	ATEC	SORY	RY -SC/ST/GEN/OBC								
9.	P. AADHAAR NO. STUDENT								10.						10. I	PAN	N NO. STUDENT								
11.	PERI	MAN	IENT	ADD	RES	S																			
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	STATE													PIN											
	CONTACT DETAILS - STUDENT								FAT						HER	IER									
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E-mail ID																									
12.	LOCA	AL A	DDRI	ESS /	COF	RES	PONI	DENC	E AI	DDRE	SS													1	
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13. FATHER'S OCCUPATION								14. ANNUAL						INCOME											

CLASS	NAME OF UNIVERSITY/BOARD	PASSING YEAR	SUBJECTS	MAX. MARKS	MARKS OBTAINED	
			English			
			Hindi			
			Maths			
10TH			Science			
			S. Science			
			H. Science			
			Drawing			
			Physics			
			Chemistry			
			Biology			
			Maths			
			English			
12TH			Hindi			
			Sport&			
			phyEdu			-
			Sociology			+
			H. Science			+
			Civics			
			Other			-
OTHER						
		DECLAR	ATION			
		DECEAN	ATION			
Ι,		Son /	Daughter of			
	nat I have personally entered					
	lations of your college and I pi					
	anges in rules and regulations				me. I understand th	at
any inforr	mation is found incorrect, my a	admission may	be rejected/	cancelled.		
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SIGNATUI	RE OF STUDENT		SIGNAT	URE Of PAREN	TS	
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			AUTH	ORITY		
DATE			NAM	ΛΙΕ		
PRINCIPA	N.		SIGI	A.I.		