



All India Medical & Paramedical Technology Institution Delhi

Reg. Office -280 Main Road Gautam Vihar Gonda Gujran Khadar Delhi

Adm.Office-Haibatpur Tiraha Riyaz Colony Barauly Bye Pass Road Aligarh

Web. - www.allindiaedu.in, Email - aim.pmti@gmail.com

APPLICATION FOR ENROLLMENT

To,

The Director
All India Medical & Paramedical
Technology Institution Delhi



Sir,

With regard to my Registration, I am submitting below the following particulars:

1. Name of the Medical Institute
2. Candidate's Name (In Capital Letters).....
3. Father's/Husband's Name
4. Date of Birth (Certificate be attached)
5. Educational qualification (Certificate be attached)
6. Course
7. Address:
 - (i) Permanent
 - (ii) Present Address

I solemnly declare that the above mentioned facts are quite Correct to the best of my knowledge & belief.

Date:

Applicant's Signature in Full

It is certified thatS/o Sh. has signed in
My presence & has completed all the Requisites formalities for Enrollment for the said course.

Checked by

Signature of College Principal

Date

(With Seal)



ACKNOWLEDGEMENT RECEIPT

All India Medical & Paramedical Technology Institution Delhi

1. Name of the Medical Institute
2. Candidate's Name
3. Roll No. Board Enrollment No.....
4. Course. Examination
5. Subject:
 1.
 2.
 3.
 4.
 5.



Director
All India Medical & Paramedical
Technology Institution



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APPLICATION FOR EXAMINATION

To,

**The Director
All India Medical & Paramedical
Technology Institution**

Sir,

I submit the following particulars for my admission/examination in above mentioned course. I solemnly declare that the particulars given below are correct to the best of my knowledge and belief.

1. Name of the Medical Institute
2. Candidate's Name (In Capital Letters).....
3. Father's/Husband's Name
4. Educational qualification (Photocopy be attached)
5. Full Address H.No.
Vill./Mohalla..... Post.....
Distt. State Pin.....
6. Date of Birth (Certificate be attached)
7. Migration from other Board, College if any (attach certificate)
8. Roll No. Board Enrollment No.....
9. Examination
10. Subject: 1
2
3
4
5 (.....)
(.....) Principal
(Sign. of the Candidate) (Sign. & Seal)



ADMIT CARD

All India Medical & Paramedical Technology Institution Delhi

1. Name of the Medical Institute
2. Candidate's Name
3. Roll No. Board Enrollment No.....
4. Examination
5. Subject: 1
2
3
4
5

**Director
All India Medical & Paramedical
Technology Institution**