

Form No.....

**AMRI SPECIAL EDUCATION & TEACHER TRAINING CENTER
OF**

(AYURVEDIC & MEGNETOTHERAPY RESEARCH INSTITUTE)

NMCH, Hospital Road, Agamkuan, P.O. – Gulzarbagh, Patna-800007

RECOGNISED & AFFILIATED BY

NATIONAL INSTITUTE FOR EMPOWERMENT FOR PERSONS WITH MULTIPLE DISABILITIES

(Dept. Of Empowerment of persons with Disabilities, MSJE, Govt. Of India)

ECR, Muttukadu, Kovalam, P.O.- Chennai-603112

Rehabilitation Council of India/NBER-(New Delhi)

Self attested
photograph of
applicant

Academic Session :.....

Application for admission to (Name of the Course) : _____

1.Name of the applicant :.....

2. Name of the Parent/Guardian :.....

3. Date of Birth (dd/mm/yy) :.....Age in years & months:.....

4. Gender : Male / Female / Others.....Marital Status :.....

5. Nationality :.....Domicile :.....

6. Category : SC ST OBC PH Gen.

7. Annual Family Income (From all sources) :.....

8. Address for :

	Correspondence	Permanent
State		
Pin Code		
Tel. No.		
Email Id		

9. Details of Examinations Passed :

S. N.	Name of the exam passed	Name of the Board/University	Year of passing	Total marks	Marks Obtained	% Obtained	Subject
1	SSC/Xth Std						
2.	HSC/XII Std						
3.	Any Other						

Declaration :

I hereby declare that all the statement made by me in this application, to the best of my/our knowledge, are true, complete and correct. If found incorrect or false my candidature/admission may be treated as cancelled at any stage.

Applicant's SignatureParent/Guardian's signature.....

Note : Self attested copies of caste, domicile and income certificates, marks sheet etc be enclosed with the application form.

Acknowledgement

Form No

Name of the training Centre with complete postal address, phone number, email id and website

Received Application Form.....S/o/D/o/W/o.....for

Admission to (Name of the Course) :.....for the academic session.....

Date :.....

Receiver Signature