APPLICATION FORM FOR ADMISSION

(Each Particular is to be filled in by the Candidate neatly and Legibly)

<u>1.</u>	_Name o	f Candidate in English (Block I	Letter)	••••••	••••••		••••••	•••				
2.	Father's/Husband's Name in English											
3.	Date of	••••										
	Addres	Pho	Photograph									
•••												
5.	Permanent Address											
••••	•••••		••••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	••••••					
Ph:												
_												
6.	6. Education Qualification											
	S.No.	Name of Examination	University	Roll No.	Year	Division	Marks					
7.	If any other Qualification											
8.	Courses	of Admission			•••••	•••••	•••••	•••				
9.	9. Medium of Study (Hindi/English)											
10.	10. Nationality											
11.	11. Rural/Urban											
12.	12. whether belongs to SC/ST/OBC etc.(if so attach certificate)											
I solemnly declare that the above facts are correct to the best my Knowledge.												

Rules & Regulations

- 1. Fees once paid is not refundable.
- 2. The students can also pay to centre or to JRMA, Aligarh.
- 3. Any change in address should be communicated to the Institute office without delay.
- 4. Student joining the centre shall have to abide by the rules and regulations from time to time and maintain decorum. In case of dispute, the decision of the Institute will be final.
- 5. In case of legal dispute, the Jurisdiction will be at Aligarh Courts only.
- 6. Any harsh or abusive language used in the office or written in the letter may effect the admission of the candidate.

DECLARATION /UNDERTAKING BY THE CANDIDATE/PARENTS/GUARDIAN

I here by solemnly declare and undertakes as under:-

- 1. That the facts mentioned above are fully correct to the best of my knowledge and belief.
- 2. That I am eligible for admission to the above courses according to min .and max .age for admission.
- 3. That the information given by me and enclosures submitted are fully correct .If anything is found to be false or what any fraudulent means have been used by me seeking admission I shall abide by The orders of the Institute authorities without any reservation, whatsoever.
- 4. I shall abide by all the rules and the code of discipline during the course of my studies at the Institute.
- 5. I am aware that the fees once paid shall not be refunded or adjusted under any condition Whatsoever.
- 6. I/We have carefully gone through all the terms and conditions of admission and the manager will have full right power to cancel my admission if any wrongful information.
- 7. I will be responsible of my ward during course.

Signature of Parents/Guardian

- 8. Having verified the bonafides and the performance of the Institute and fully satisfied, I am seeking admission into the Institute voluntarily. I shall abide by the rules and regulations of the Institute strictly. Ignorance of the same is not an excuse.
- 9. I shall be personally responsible for the payment of all his/her institute dues to the best of my knowledge The entries made by my ward are correct and in future I shall neither demand return of fee nor be authorized to file any case of law.,I solemnly declare that the above facts are correct to the best my knowledge.

10.If I will practice any medicine which is not under the guidelines of World Health Organization(W.H.O).I will be solely responsible for that, my centre or my board will not be responsible for that

Signature of Parents/Guardian	Signature of Candidate
То	
The principal Jamia Rural Medical Association 307,Alig Corporate Plaza,Opp Abdullah Girls College,Marris Road,Aligarh-202001 Uttar Pradesh	
Ihereby say that I have gone through the rule and regulations ment I request to enroll me in course () of your institute. I agree to pay all charg rules enforced & further declare that will abide by the Institute rules & discipline and I am submittin certificates:	e in strict accordance with institute
ENCLOSED:- 1-Proof of age 2-Certificate or mark sheet 3-5passport size photograph, three stamp	size
4.Cash/bank draft No	

(For office use only)

Signature of Candidate

To diploma course in	Office asstt./accountant principal	
Dated		(Sig.With seal)