National Institute of Technical Education & Research New Delhi

APPLICATION FOR REGISTRATION RENEWAL AS PARAMEDICAL PERSONNELS

Paste a passport size photograph of the applicant

1.	Name and Address of the Applicant with							the applicant	
	District (In block letters)								
	Phone No. with STD code								
	Mobile No.		:						
	Email			:					
2.	Address to which communications			:					
3.	Date of Birt	h in figures	:						
4.	Date of Birt	h in words	:						
5.	Nationality		:						
6.	Sex		:						
7.	Father's Na	me (in block letters)	:						
8.	Nationality of Father				:				
9.	Native Place of Father :								
10.	Official Ad	dress of the applicant	:						
11.		qualification	1			I			
Sr	Name of the course	Name& Address of the	Period of	Year of	Percentage	Name of University/Board/ council under			
No		Institute/College	Study	Pass	of mark		which the course	was conducted	
1									
2									
3									
1	2 . Experie	nce							
· No	Name of Hospital/ Institute/College		(Eg-12/	Period of work (Eg-12/2/04 to15/5/05)		ience &3		ess of Head of phone/mob. No	

13. State the medium of instruction of training	·							
14. Details of remittance of registration fee								
Transaction Reference Number/Journal Number/UTR Number:								
(Enclose original counterfoil with transaction reference number noted on it)								
Bank and Branch of Payment	:							
Date of Payment	:							
<u>DECLARATION</u>								
I, [Name], hereby declare that the statements made in this form are true to the best of my								
knowledge. I have thoroughly read and understood the rules and regulations outlined in the prospectus of the								
National Institute of Health Science & Research. I have ensured that I fulfill all eligibility conditions as prescribed.								
I confirm that all necessary information and documents have been provided accurately and honestly. Furthermore,								
I pledge to submit any additional documents that may be required in the future promptly. I am fully aware that any								
discrepancy or misleading information found in the documents submitted by me may lead to the cancellation of my								
•	the institute reserves the right to take appropriate actions, which I							
agree to accept. I understand that once the fees are paid, they will not be refunded or adjusted under any circumstances. Additionally, I consent to any disputes being subject to the jurisdiction of Ludhiana, Punjab.								
circumstances. Additionally, I consent to any dis	spaces being subject to the jurisdiction of Eddinaria, Furijab.							
Place:	Signature:							
Date :	Name :							
Ln	n structions							
	gree/diploma/certificate/course has been obtained from a oved by the National Institute of Technical Education & Research							
0 0	are required to deposit a fee of De 4500 into the account of							
	are required to deposit a fee of Rs.4500 into the account of Technical Education & Research (Account Name: National							
_	Research, Current Account Number: 631905015612, Bank							
	lerganj, IFS Code / RTGS / NEFT Code: ICIC0006319) via							
NEFT/Direct Transfer. Demand drafts under any circumstances.	will be accepted. The registration fee will not be refunded							