



# OM SAI PARA MEDICAL COLLEGE

## APPLICATION FOR REGISTRATION

To be completed by the candidate in his/her own handwriting  
& incomplete application will not be considered

To  
The Principal  
Sir,

Recent Passport Size  
Photograph to be  
affixed here & attach  
7 extra copies of the  
photographs also  
(without Attested)

Please enroll me as a student of OM SAI PARA MEDICAL COLLEGE (OSPMC) for the course in

1. Name of the applicant (in Capital Letters).....
2. Father's/Husband Name.....
3. Mother's Name.....
4. Address(Local).....  
.....Phone.....
5. Permanent/Correspondence.....  
.....  
.....Phone.....
6. Date of Birth..... (In Words).....
7. Academic Qualification.....Male/Female.....
8. No. of testimonials or Certificate submitted.....Married/Unmarried.....
9. Hostel Required.....Yes/No
10. Have you ever been convicted by any court of Law? If so please give details.....

I do hereby declare that the particulars given above are correct to the best of my knowledge and that I shall abide by all rules & regulations of the institute

.....  
Signature of Parents/Guardians

.....  
Signature of the Applicant