## API

## Rashtrasant Tukdoji Bahuddeshiya Sanstha,s MTBTC, Pune Approved (R. No. MH/1500/PUNE)

## AMRAPALI PARAMEDICAL TRAINING INSTITUTE

Near Dighori Bus Stop, Near Kale Piles Hospital, Umrer Road, Nagpur Contact: 9850213181, 8999959933, 8390565868, Email: dr.maheshmbade@yahoo.in

Off.: C/o. Dream Pathology Lab., Sanjiwani Hospital, Telephone Nagar Chowk, Umred Road, Nagpur

## **ADMISSION FORM**

PLEASE FILL IN THE INFORMATION COMPLETELY AND CORRECTLY  Last Name First Name Middle Name  Date of Birth	Affix Passport Size Photograph
Address	Board (Mark any one)  State CBSE
Mo. No. (If Any)  Percent in X  & XII	Admission Class
I certify that the information presented is corrected to the best of my knowledge.  Rules & Regulations  1. A minimum of 85% of overall attendance & at least 90% attendance for the unit test and class tests.  2. Parents are required to verify their wards progress regularly.  3. Parents may give their suggestions and complaints in written format at the office.  4. Installments should be paid with in the stipulated dates.	Batch (Mark Where Applicable)  Regular  Summer  Supplementary  Last Exam. Appeared  Percentage Obtained
4. Installments should be paid with in the stipulated dates.  5. Fees once paid will not be refunded.  Parents Declaration:  I the undersigned Mr./Mrs  the Father/Mother of applicant Studying in Class  regular/crash course batch 20 declare that I will follow the rule and regulation prescribed for the academic progress of my ward.  I have read the terms and conditions as listed above.  Date	Your Gender Male Female Course ANM DMRT CMLT DPT DMLT C.Opt. T. PGDMLT D.N.H.A. CMRT
Applicant's Signature Parent's Guardian's Signature	English Speaking & Personality Development Course