



PASSPORT
SIZE
PHOTO

GEA NATIONAL COLLEGE

Affiliated to Srimanta Sankaradeva University of Health Sciences

Guwahati, Christian Basti, Assam-781005. Te: 9864044656 / 9864013210

ADMISSION FORM FOR GOVT. PARAMEDICAL COURSES, SESSION 202_

1. NAME OF THE APPLICANT (IN BLOCK LETTERS)	<input type="text"/>		
2. NAME OF COURSE APPLIED FOR	<input type="text"/>		
3. FATHER'S NAME	<input type="text"/>		
4. MOTHER'S NAME	<input type="text"/>		
5. PERMANENT ADDRESS	<input type="text"/>		
	<input type="text"/>		
PIN	<input type="text"/>	EMAIL ID	<input type="text"/>
6. STUDENT'S MOBILE NO	<input type="text"/>	STUDENT'S WHATSAP NO	<input type="text"/>
7. PARENTS MOBILE NO	<input type="text"/>	PARENTS WHATSAP NO	<input type="text"/>
8. GUARDIAN'S OCCUPATION	<input type="text"/>	YEARLY INCOME	<input type="text"/>
9. DATE OF BIRTH (DDMMYY)	<input type="text"/>	YEAR OF PASSING (12/DMLT/DPT/BPT/BMLT)	<input type="text"/>
10. RELIGION	<input type="text"/>	CASTE	<input type="text"/>
11. SCHOOL/COLLEGE FROM WHERE PASSED THE LAST COURSE (12TH/BPT/BMLT/DMLT/DPT) WITH ADDRESS			
<input type="text"/>			

I declare that the particulars furnished by me above are true to the best of my knowledge and belief. I undertake to abide by the rules for admission and to surrender the seat if allotted to me in case of any of the above particulars are proved to be false. I declare that the "Undertaking" in the back side of this form is duly signed by me and my guardian.

Date

Place

SIGNATURE OF THE APPLICANT