



MANCHESTER INSTITUTE OF PARAMEDICALS & TECHNOLOGY

N.M. PLAZA, BUILDING, NO. 635 (1st FLOOR), NEAR IT TECHNO,
PEROOR ROAD, ETTUMANOOR P.O., KOTTAYAM - 686631
PHONE No : 0481-2531899, 9188630557, 9207806244
E MAIL ID : manchesterinstitutes@gmail.com, www.mpite.com

App.No :

APPLICATION FORM

INSTRUCTIONS TO THE CANDIDATES :

1. Read Carefully the entire application before you fill in
2. Registration of the candidates does not automatically guarantee admission.
3. Incomplete application will not be considered.
4. Duly filled applications should reach the above address by Registered post in person and reach us on or before.....
5. Only registered candidate is allowed to use this application.

COURSE APPLIED FOR

DIPLOMA	SPECIALIZATION

NAME OF THE CANDIDATE

--

DATE OF BIRTH	GENDER	BLOOD GROUP	RELIGION	COMMUNITY	NATIONALITY & STATE

	FATHER	MOTHER	GUARDIAN
Name			
Occupation			
Monthly Income			
Phone No			
Office Address with Phone No.			

ADDRESS FOR COMMUNICATION

Ph No:.....
Mob _____
Email _____

ACADEMIC RECORD :

School / College /University last Studied:

EXAMINATION PASSED	REG..NO	SUBJECT	% OF MARKS	YEAR OF PASSING
SSLC				
HSC				
UG DEGREE				
PG DEGREE				

Enclosure (Xerox copy Only)

- | | |
|--|--|
| 1. SSLC Mark Sheet | 2. HSC Mark Sheet |
| 3. Degree Certificate (For PG Courses) | 4. Transfer Certificate |
| 5. Community Certificate | 6. 3 copies of recent passport size Photograph |

DECLARATION

We certificate that the information in the brochure is read carefully and the information in the Application given by us is accurate, complete and honestly presented. We understand and agree that any inaccurate information will because for the withdrawal of any offer or admission or for disciplinary action or revocation of certificates or any award if found out at a later date.

Signature of the parent

Date :

Signature of the Candidate

Date :

FOR OFFICE USE ONLY Certificate Verification Verification Officer	HOD's Remarks Department:
Principal's Admission order (Provisional) Principal	
Accounts Amount Paid : Receipt Nos : Date :	OfficeAdmin Admission No. Office Administrator
Principal's Admission order (Provisional) Principal	