



SKY PARAMEDICAL & NURSING INSTITUTE

© 207-A. Pocket M, Sarita Vihar, Janta Flat, Delhi - 110076 ☎ 9759730999, 9319987159

☎ 011- 41029072
 📞 9759730999,9319987159
 ✉ skyparamedicalnursinginstitute@gmail.com
 🌐 www.skyparamedical.com
 📍 207-A Pocket M Sarita Vihar Janta Flat
 New Delhi-110076

Student's Name in Capital Letter

Father's Name

Mother's Name

Permanent Address

.....

Father's Occupation Annual Income Contact No.

Student's Mob. No. Aadhar Card No.

Cast General OBC SC ST Other

Student's Email ID Local Guardian's Name

Address..... Contact No.

Date of Birth/...../..... Gender Male Female

Nationality Place of Birth..... Blood Group.....

I certify that I have furnished the necessary information/documents.

I agree with the rule and terms of the institute. I shall abide by all the rule and regulation of the institute and shall maintain the discipline and decorum of the institute. Deposited fee will not be refundable in any condition. Reg. will be canceled within 10 Absent Days. Reg. fee is applicable for only first 3 day from batch date. It has been told to me there is no provision of paramedical regd. in any state. SKY role is only admission guidance and support student has to take proper class in the college if students did not attend the class SKY will not be responsible any kind of inconvenience. SKY is also not giving any kind of pass guarantee commitment.

Date.

Parent Signature

Signature of Student

OFFICE USE ONLY

Course Name. Batch No.

Course Fee Course Duration

Joining Date Batch Time

FEE DETAILS

Date	Amount	Signature



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Academic/Corporate/Industrial Treup With Ugc, Govt. Approved University / Nursing & Paramedical School / Collage

We Herby Declare That We Have Received Documents

Candidate Name Address

..... For Admission In

Candidate Contact Number Email id

S.NO.	DOCUMENT NAME	YES (Tikk Mark)	NO (Tikk Mark)	PHOTO COPY (Tikk Mark)	ORIGINAL (Tikk Mark)
1	10th Marksheet				
2	12th Marksheet				
3	Aadhar Card				
4	10 Photo (Pasport Size)				
5	First Year Marksheet				
6	Second Year Marksheet				
7	Diploma Certificate				
8	Cast Certificate				

Consent Form Sign. Yes No Registration From Yes No

Scholarship Apply Yes No Emi Option Yes No

Bihar Credit Card Yes No

Letter Received Card For Original Acceptance Yes No

Nursing Council Registration Certificate Yes No

Document Process

Migration /living Certificate Original Experience Certificate

Nursing Council Registration Training Certificate

Transcript Certificate Provisinol Certificate

Original Certificate Paramedical Registration

Auth. Sign.

Candidate Sign.



EXAM CENTER KARNATKA & BANGALORE

NAME OF CANDIDATE	
COURSE NAME	
PER YEAR FEE	
CENTER MANAGEMENT	
ONLINE CLASS	
OFFLINE CLASS	
FOOD	
TICKET	
LODGING	

15000/- PAY AFTER COMPLETION OF GNM INTERNSHIP FEE

AUTHORIZED

PARENTS SIGN

CANDIDATE SIGN

□□□

मुझे ये सूचित कर दिया गया है कि मेरे. Original Document GNM के लिए जमा किया जा रहे है । कोर्स की पूरी जानकारी के बाद एडमिशन ले रहा हूँ / रही हूँ । अथवा मैं किसी के दबाव में आकर एडमिशन नहीं रहा हूँ / रही हूँ / मेरा तीन वर्ष का कोर्स है / तथा मेरा कोर्स पूरा होने के बाद ही मुझे मेरे Original Document दिए जायेंगे , अगर कोर्स पूरा होने से पहले मैं कोर्स छोड़ना चाहता हूँ / चाहती हूँ , तो कोर्स के 3 वर्ष की पूरी राशी मुझे देनी होगी और मैं ये भी सूचित करना हूँ / करती हूँ , कोर्स की पूरी जानकारी मुझे पूर्ण रूप से दे दी गयी है । कोर्स क बाद Original Documents उपलब्ध करने में 2 या 3 महीने या उससे भी ज़्यादा का समय लग सकता है ये College और University पर निर्भर करता है अगर अपने कोर्स पूरा कर लिया तो फीस वकाया हुई तो Nursing की Original Mark sheet नहीं दी जाएगी । मेरा एडमिशन University में हो चूका है क्लास लेना नहीं लेना मेरे ऊपर निर्भर करता है

Sky Paramedical And Nursing Institute का काम सिर्फ Admission करना है । अगर आप किसी भी तरह की ग़लत क्रियाओ , Criminal Activity या कोई भी ग़लत काम में शामिल होते है , तो उसके जिम्मेदार आप खुद होंगे । स्काई पैरामेडिकल एंड नर्सिंग इंस्टिट्यूट (Sky Paramedical And Nursing Institute)का उससे कोई लेना देना नहीं होगा ।

Name.

Father/Mother's Name

Address.....

Student sign.....

Place & Date:-

Parent's Sign

Auth Sign