LION COLLEGE OF MEDICAL SCIENCE



Approved by: NIOS, Ministry of Education & UGC, Govt of India Affiliation No. AVI-550115

Govt. of India Minsitry of Skill Development & Entrepreneurship Health Care Sector Skill Council (Affiliation No. TC131280)

Run By: Peer Baba Lakh Data International Education & Research Society Regd. by Haryana Govt. (Regd. No. DRFS/FTH/143)

Ratia-125051, Distt. Fatehabad (Haryana) India

Helpline: 90347-90356

ADMISSION FORM

To,							
The Principal/Director,						Pas	te
Sir/Madam,		I am giving my particulars for admission in				Passport Size Photograph	
Name of Student (Block Letters)							
Date of Birth (in Figures)							
Mother's Name							
QualificationOccupation_							
Father's Name							
QualificationOccupati							
Permanent Address :							
Contact No. 1)2) Whatsapp No							
Correspondence Address (If any)							
Student Education Qualification							
Sr. No.	Exam	Passed	Year of Passing	Board/University	Subjects	marks obtained	% age

Enclosure :-

- 1. Photocopy of 10th/12th marks sheet duly attested by Self.
- 2. Photocopy of D.O.B. Certificate.
- 3. Photocopy of Aadhar Card.
- 4. 2 Passport Size Photograph.

I hereby certify that the above information provided by me is true and best to my knowledge and I shall accept the process of admission undertaken by the college authorities. I fulfill the minimum eligibility criteria and i have provided necessary information in this regard. I know very well that once paid the fees of admission and tuition fees will not be refundable and adjustable in any circumstances.

Sign. of Student

Sign. of Principal/Director