

# SKILLING COLLEGE OF PARAMEDICAL EDUCATION

Unit: Arogya Medical Education Trust

Avirahi Arcade, 1<sup>st</sup> Floor, Manu Nivas, Vasanji Lalji rd, Kandivali (W)-400067

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## INSTRUCTIONS

Date :-

- 1) Please read the application form carefully before filling.
- 2) FORM should be filled in **BLOCK** letters only.
- 3) Any change in your address or contact number should be intimated to us immediately.
- 5) Please enclose a photocopy of 10<sup>th</sup>/12<sup>th</sup> mark sheet, leaving certificate, ID proof along with the form.

Passport size Photo  
here

Full Name: -

(First name) (Middle name) (Surname) (Mother Name)

Date of Birth: - \_\_\_\_\_ (DD/MM/YY) Gender: - MALE  FEMALE

Place of Birth: - \_\_\_\_\_ Blood Group: - \_\_\_\_\_

Employed/ Unemployed Residing in Rural /Urban

Caste: - \_\_\_\_\_ Sub- caste: - \_\_\_\_\_ Religion: - \_\_\_\_\_

Mother Tongue: - \_\_\_\_\_ Nationality: - \_\_\_\_\_

EMAIL ID: - \_\_\_\_\_

Current Address: -

Telephone No. (RESIDENCE): - \_\_\_\_\_ Mobile No. :- \_\_\_\_\_

Father's /Guardian Name: - \_\_\_\_\_

Father's /Guardian Occupation: - \_\_\_\_\_

Father's /Guardian Office Address: -

Father's /Guardian Mobile No.: - \_\_\_\_\_

Mother's Name: - \_\_\_\_\_

Mother's Occupation: - \_\_\_\_\_

Mother's Mobile No. \_\_\_\_\_

Annual Family Income: - \_\_\_\_\_

**EDUCATION DETAILS: -**

Examination	Name of the School/College/University	Passing Year	Percentage	Academic Stream
SSC				
HSC				
Degree				
OTHER				

Admission Taking in: \_\_\_\_\_

How did you come to know about SCOPE? \_\_\_\_\_

Regular Sunday Batch **DECLARATION:-**

- 1) I hereby declare that the information given by me is true to the best of my knowledge and belief. If at any stage it is found that I do not satisfy the admission criteria or the information furnished by me is incorrect, my application to the course stands cancelled.
- 2) I agree to pay the fees for the course before the due date as communicated to me by the admissions committee. Fees would be Non-refundable in terms of Cancellation. The decision of the institute will be final and binding.

Place: - \_\_\_\_\_

Date: - \_\_\_\_\_ (Signature of student) (Signature of Parent)

	Installment 1	Installment 2	Installment 3	Installment 4
Admission Fee				

If Original Document Submitted	SSC <input type="checkbox"/> HSC <input type="checkbox"/> Degree <input type="checkbox"/> LC/TC <input type="checkbox"/> Any Other <input type="checkbox"/> Not submitted <input type="checkbox"/>
	Date _____ Student Signature _____ Verified by _____

**Note: Beyond Above Mentioned Date Late Fee Charges Will Be Applicable.****Disclaimer:**

**All payments should be made only to the official college account. The college will not be responsible for any payments made to any other personal accounts.**