

**T. & T. V. Centre for Paramedical Course**  
 Ashaktashram complex, Rampura, Surat.  
**Admission Registration Form**

Form No. \_\_\_\_\_

OT Technician			
Lab Technician		Radiology	

**PLEASE FILL FORN IN CAPITAL LETTERS ONLY**

<b>Student Name</b>	Name		Surname				Mobile No
<b>Birth Date</b>		<b>Age</b> Before 31/07/24	Years	Months	<b>Sex</b>	<b>M / F</b>	Landline No
<b>Father's name</b>	Name		Surname				Mobile No
<b>Mother's Name</b>	Name		Surname				Mobile No
<b>Religion</b>			<b>Caste</b>			<b>Sub-Caste</b>	
<b>Email :-</b>							
<b>Local/present Address</b>			<b>Permanent Address</b>				
			Pin code				
			Pin code				
<b>Course</b>	<b>Stream</b>	<b>School name</b>	<b>Boards</b>	<b>%</b>	<b>Attempt</b>	<b>Passing month &amp; Year</b>	
SSC	-						
HSC							
Other							
<b>Hostel Requirement</b>	YES / NO		<b>Email:</b>				

**Declaration:** I hereby declare that the information furnished above is true and correct to the best of my knowledge and we will follow the existing rules and regulation and also those that would be placed as per the need of the institution strictly.

Date: \_\_\_\_\_ Parent Sign \_\_\_\_\_ Student Sign \_\_\_\_\_ Verified by \_\_\_\_\_ Principal \_\_\_\_\_

Remarks: