



LUQMAN AJMAL PARAMEDICAL & HOTEL MANAGEMENT & YOGA INSTITUTE (PROMOTED BY GOVT OF INDIA)

99

(Approved By NCVRT NEW DELHI) REG / NCVRT / TN/ 2261 (VTC)
No.81, Melaveethi Street, (Near SBI Bank Opp)
Marakkanam - 604 303. Villupuram District,
Cell : 9944934200 / 9944953046 / 9444427749

website : www.lapmi.com

Email ID : john_thasleem@yahoo.co.in / luqmanajmal44@gmail.com

Passport
size Photograph
of the
Candidate

APPLICATION FORM FOR ADMISSION

Paramedical | Hotel Management | Yoga

Date : (FILL UP IN CAPITAL LETTERS)

Student Name (in English)			
Date of Birth & Age			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Name of the Father (or) Guardian			
Parent's Occupation			
Permanent Address			
Address for Communication			
Conduct Number			
Education Qualification			
Name of the Course			
Name of the Department	<input type="checkbox"/> Paramedical	<input type="checkbox"/> Hotel Management	<input type="checkbox"/> Yoga
Course DurationMonths	<input type="checkbox"/> One Year	<input type="checkbox"/> Two Year
Details of Documents Enclosed			

DECLARATION BY APPLICANT

I..... Declare that I have read the prospectus thoroughly and understand its intents and implication fully if admitted, I Shall abide by all the Rules and Regulation of the institution, the particulars given above are correct to the best of my Knowledge and belief. I understood that fees once Paid will not be refunded at any Circumstances.

Place :

Signature
of the Candidate

Date :

DECLARATION BY PARENT / GUARDIAN

Ibelong to here by solemnly affirm that the applicant Mr/Missis my son/Daughter ward and I agree to endorsement and declaration made above by is my son/ her and accept the responsibility for the applicant's good Conduct of and discipline and regular payments of fees/ I Understood that fees once Paid will not be refunded at any circumstances.

Place :

Signature
of Parent / Guardian