



**HIMACHAL GROUP OF INSTITUTIONS
PAONTA SAHIB, SIRMOUR, H.P. 173025**

(UNDER THE AUSPICES OF DR. PURAN CHAND MEDICAL CHARITABLE TRUST)

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(ADMISSION FORM for _____ COURSE ACADEMIC SESSION 2016-17)

(Admission is subject to final approval of H.P. University /HP Tech. Univ./ Govt. of Himachal Pradesh)

NOTE: USE CAPITAL LETTERS ONLY FOR FILLING UP FORM

1. Name: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Father/ Guardian Occupation: _____ Mother Occupation _____
5. Religion: _____ Category: _____ Date of Birth: __/__/____ (dd/mm/yyyy)
6. Permanent address (including PIN code): _____
City _____ Distt. _____ State _____ PIN _____
7. Correspondence Address: _____
8. Residence Ph. No: _____ Mob. No: _____ Email id (Father/Mother): _____
9. Quota: _____ (Management)

Your recent colored photograph

10. Examination Passed:

Class	School Board	Month & Year	Marks obtained	M.M.
10 th				
12 th /10+2				
	Physics	Chemistry	Biology	%PCB
Marks 12 th /10+2				

11. Enclosures:

Original 10 th certificate		Migration Certificate	
10+2 certificate		Character Certificate	
NEET/qualifying exam Result (if any)		Other	

12. How did you come to know about this College :

- (a) Newspaper (b) Friend/Colleague (c) Internet (d) other

Dated: __/__/____ Sign. of Father/Guardian _____ Sign. of Candidate _____

(ONLY FOR OFFICE USE)

Recommendations of Incharge of Admission committee: _____

Dated of admission: __/__/____

Admission Incharge

REGISTERED/ADMITTED provisionally subject to approval of HP University, Shimla/HP Technical University Hamirpur

Director / Principal



Institute of
Dental Sciences



Puran
Hospital



Institute of
Pharmacy



Institute of
Nursing



Institute of
Engineering