

**NATIONAL INSTITUTE OF HEALTH & ITI COLLEGE**  
**ALL J&K PASMANDA TABKA DEVELOPMENT WELFARE SOCIETY**  
**LANE NO. 19 FIRDOUSA ABAD TENGPORA BYEPASS BATAMALOO SGR**

PHOTOGRAPH

**(ADMISSION FORM)**

NO:.....

CANDIDATE DETAILS			
NAME :		AGE :	
FATHER'S NAME:			
MOTHER'S NAME :			
DATE OF BIRTH :			
BPL CERTIFICATE :			
LANGUAGES KNOWN :			
GENDER:	RELIGION :	NATIONALITY:	CATEGORY :
PERSON WITH DISABILITY:		Email:-	
GENERAL QUALIFICATION :			
ADDRESS:			
DISTRICT:	DIVISION:	STATE :	
CITY:		PINCODE :	
TELEPHONE NO.:		MOBILE NO.:	
IDENTIFICATION MARK:			
COURSE OFFERED:			
CERTIFICATES ENCLOSED:			
SIGNATURE OF CANDIDATES:			