

**ALL INDIA ENTRANCE EXAM**  
**SML INSTITUTE OF PARAMEDICAL TECHNOLOGY**  
**पता : SML IPT सलेमपुर रोड,सादाबाद, हाथरस (281306)**

**APPLICATION FORM**

**Exam Center: (✓) Tick two center of choice below :-**

Agra  Hathras  Noida   
Aligarh  Mathura  Kanpur

Affix recent  
passport size  
Photograph

Course Applied For : .....

1. Name of the Applicant .....

2. Father's Name .....

Dist. .... Pin Code.....

3. Mother Name .....

4. Address .....

5. Date of Birth .....

6. Contact No. 1..... 2.....

7. Email id .....

8. Category SC/ST  Defence  OBC  General  Other

9. Educational Qualification ..

Name of Exam Passed	Board/University	Marks	Year of Passing	Percentage

**DECLARATION BY CANDIDATE**

I certify that the above information is true to the best of my knowledge. Any misinterpretation of fact in this form will be the cause for refusal of admission or dismissal from the Institute/ University.

Place: .....

Date: .....

.....  
Guardian's Signature

.....  
Applicant's Signature