



IYNS GROUP OF INSTITUTIONS

(An Educational & Social Welfare Institution under IYNS Trust)

HO: RAJADERA, PO- ANGARA, PS- ANGARA, DIST- RANCHI, JHARKHAND- 835103

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WEBSITE: WWW.IYNSINDIA.COM

Sl.no:-.....

Affix
Latest
Passport
Size
Photo

ADMISSION FORM

Important Information (Please Fill In Capital Letters):-

1. Student's Name _____

2. Father's Name _____

3. Mother's Name _____

4. Date of Birth ____/____/____ 5. Sex M___/F___ 6. Blood Group _____

7. Nationality _____ 8. Course applied for _____

9. Admission Sought On _____ 10. Religion _____

11. Caste _____ (ST/SC/OBC-I/OBC-II/PH/GEN)

12. Facilities Required i) Hostel Yes___/No___ ii) Transport Yes___/No___

13. Correspondence Address _____

14. Permanent Address _____

15. Student's Addhar No. _____ 16. Identification Mark _____

17. Contact Number _____ 18. Student's Mobile Number _____

19. Father's/Mother's Number _____ 20. Local Guardian (If Any) _____

21. E-mail _____

22. Language Known _____ Read _____ Write _____ Speak _____

i) _____

ii) _____

23. Academic Records:-

Examination	Institute	Board	Year of Passing	Percentage	Subjects
High School					
Intermediate					
Diploma/ Graduation					
Any Other					

Marks in Percentage: Physics-____ Chemistry-____ Maths-____ PCM Ave.-____ English-____

23. Family Details:-

Relation	Name	Qualification	Occupation	Annual Income
Father				
Mother				
Brother/ Sister				
Any Other				

(NB-I/WE HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE ARE TRUE, IF FOUND WRONG AT ANY STAGE, I/WE ARE LIABLE FOR CRIMINAL ACTION AGAINST ME/US.)

.....
Signature of Student

.....
Signature of Guardians

Sl.no	Name Of College	Name Of Course	Please (✓)
01	IYNS COLLEGE OF ALLIED HEALTH SCIENCES		
02	INSTITUTE OF YOGA & NUTRITION SCIENCES		
03	IYNS COLLEGE OF SPEECH & HEARING		
04	IYNS I.T.I		
05	IYNS MEDICAL COLLEGE		
06	IYNS COLLEGE OF NURSING		
07	IYNS COLLEGE OF MULTI SKILL TRAINING		
08	IYNS COLLEGE OF HIGHER EDUCATION		
09	AROGYAM WELLNESS CENTER		

.....
Officer-in-charge

RECEIPT (FOR OFFICE USE ONLY)

Sl.No.

Received Application No..... On

Receiving Officer