



DIVINE
College of Medical Sciences

DIVINE COLLEGE OF MEDICAL SCIENCES

Near Petrol Pump, Shyampur, Haridwar

REGISTRATION FORM (2025-26)

(FILL THE FORM IN CAPITAL LETTER ONLY)

Course Applied For: B.Sc. (N) ☐ GNM ☐ BPT ☐ BMLT ☐
BNYS ☐ D.Pharma ☐
Management ☐ Counseling ☐

Name of the Applicant _____

(As per High School Certificate)

Father's/Husband's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Family Annual Income _____

Category: SC ☐ ST ☐ OBC ☐ General ☐ , Religion _____

Aadhar Card No. _____ D.O.B (in Digits) _____

Marital Status: Married ☐ Unmarried ☐

Permanent Address _____

Student's Contact No. _____

Father's Contact No. _____ Mother's Contact No. _____

Email: _____

Declaration:

I _____ S/o, D/o, W/o _____

Hereby declare and solemnly undertake that all the information given above & academic qualifications certificates copies/ID proof copies or any other concerned certificates copies, submitted with this admission form, are true to the best of knowledge & belief, if at later stage, it is found that I have furnished wrong information's and/or submitted false certificate(s), I am aware that my admission stands cancelled, fees paid by me will be forfeited, further, I will be subject to legal and/or penal action as per the provisions of the law.

Date:

Applicant's Signature:

Name of the Applicant _____ Reg. No. _____

Contact No. _____ Registration Amount _____

Course Applied for: B.Sc. (N) ☐ GNM ☐ BPT ☐ BMLT ☐ BNYS ☐
D.Pharma ☐

Authorised Sign