ASPIRE GROUP OF INSTITUTIONS

Nursing · Physiotherapy · Pharmacy · Paramedical & Allied Health Sciences

Academic Session 2026-27

APPLICATION FORM FOR ADMISSION

Undergraduate, Diploma & Certificate Programmes · Academic Session 2026-27

FORM NO. _____ DATE OF RECEIPT _____ **(FOR OFFICE USE ONLY)**

INSTRUCTIONS — PLEASE READ BEFORE FILLING THIS FORM

1. Fill in BLOCK LETTERS. Every field marked with an asterisk (*) is compulsory.
2. Attach self-attested copies of all documents listed in Section G. Carry originals for verification.
3. Paste one recent passport-size photograph in Section B and sign across it.
4. An incomplete form or one without the required documents will not be considered for merit listing.
5. Seat allotment is strictly by merit within the intake sanctioned by the respective statutory council.
6. No donation or capitation fee is charged. Obtain a printed receipt for every payment made.
7. Submitting false information renders the admission liable to cancellation at any stage.

A. PROGRAMME APPLIED FOR

Course / Programme applied for *

Second preference (optional)

Admission category *

○ General ○ OBC ○ SC ○ ST ○ EWS

Mode of study

○ Full-time (Regular) ○ Hosteller

B. PERSONAL DETAILS OF THE APPLICANT

Full name (as per Class 10 certificate) *

Date of birth (DD/MM/YYYY) *

Blood group

Nationality *

Indian

Gender *

○ Male ○ Female ○ Other

Marital status

○ Unmarried ○ Married

Religion

Aadhaar number

Domicile state

Present residential address *

Permanent address (if different)

PASTE RECENT PASSPORT-SIZE PHOTOGRAPH

(sign across the photograph)

HOW TO SUBMIT THIS FORM

1. Fill every field marked with an asterisk (*). Use BLOCK letters; strike out and initial any correction.
2. Attach self-attested copies of the documents listed in Section G, plus one passport-size photograph.
3. Submit at the admissions office on any working day (9 am to 5 pm), or email a scanned copy to admissions@aspireinstitutions.in. You can also begin your application online at www.aspireinstitutions.in.

C. CONTACT DETAILS

Mobile number *

Alternate / parent mobile

Email address *

WhatsApp number

☐ WhatsApp number is the same as the mobile number above

Preferred contact method

○ Call ○ WhatsApp ○ Email

D. PARENT / GUARDIAN DETAILS

Father's / guardian's name *

Father's occupation

Mother's name *

Mother's occupation

Annual family income (in Rupees)

Guardian mobile number

Any relative studying / studied here?

○ Yes ○ No

Local guardian name & address (for outstation students)

E. ACADEMIC QUALIFICATIONS

Examination passed	Board / University	Year of passing	Marks / CGPA	Percentage %	Subjects
Class 10 (Secondary)					
Class 12 (Senior Secondary)					
Diploma / Degree (if any)					
Entrance examination					

NOTE ON ELIGIBILITY
Nursing, BPT and Pharmacy programmes require Physics, Chemistry and Biology (or Maths for Pharmacy) at Class 12.
GNM accepts students from any Class 12 stream provided English was a compulsory subject.
Paramedical certificate programmes such as EMT and OT Technician accept Class 10 pass candidates. Minimum percentages follow council norms.

F. FACILITIES REQUIRED

Hostel accommodation
◯ Required — Girls ◯ Required — Boys ◯ Not required

College transport
◯ Required ◯ Not required

Scholarship being applied for

Any education loan sanctioned?
◯ Yes ◯ No

G. DOCUMENTS ENCLOSED (TICK AND ATTACH SELF-ATTESTED COPIES)

- ☐ Class 10 mark sheet & certificate
- ☐ Class 12 mark sheet
- ☐ Transfer certificate (TC)
- ☐ Migration certificate (if applicable)
- ☐ Caste / EWS certificate
- ☐ Domicile certificate
- ☐ Aadhaar card / photo ID
- ☐ 6 passport-size photographs
- ☐ Entrance exam scorecard
- ☐ Character / conduct certificate
- ☐ Medical fitness certificate
- ☐ Scholarship / income certificate

H. DECLARATION BY THE APPLICANT / GUARDIAN

I hereby declare that the information given above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect, or any material fact being concealed, my admission is liable to be cancelled at any stage without notice and without refund of fees paid. I agree to abide by the rules, regulations and code of conduct of the institution, including those governing attendance, clinical postings, hostel discipline and examination conduct. I confirm that I meet the eligibility criteria prescribed by the relevant statutory council for the programme I have applied to.

Place

Date (DD/MM/YYYY)

Signature of applicant / guardian

FOR OFFICE USE ONLY

Application complete: Yes / No

Documents verified by: _____

Merit / rank position: _____

Fee receipt number: _____

Submit the completed form with documents at the admissions office, or email a scanned copy to admissions@aspireinstitutions.in