



TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES
Joint Venture with Government of Tripura
Affiliated to Tripura Central University
P.O. – Amtali, Hapania, Tripura (West), Pin 799014
Application Form (PG Courses)

MLLT MRIT MPT MOPTM MHA

AFFIX RECENT
PASSPORT SIZE
COLOR PHOTOGRAPH

PERSONAL INFORMATION

(PLEASE FILL THE FORM IN BLOCK LETTERS ONLY)

NAME

FATHER'S NAME

MOTHER'S NAME

NATIONALITY

D.O.B. DD MM YYYY

GENDER MALE FEMALE

CATEGORY GENERAL SC/ST OBC PH

PERMANENT ADDRESS

PRESENT ADDRESS

TELEPHONE NO

LOCAL GUARDIAN (IF ANY)

ADDRESS

TELEPHONE NO

AVAILING HOSTEL FACILITIES YES NO

Academic Information:

Qualification	Major Subject	Board/University	Year of Passing	% of Marks
Class X				
Class XII				
Bachelor / Others				

Experience

Clinical / Teaching	Organization / University	Period of Clinical / Teaching Experience	Skills & experience gained

Document submitted (Original & Attested Photo Copy)

Common Admission Test will be on

Please choose one of your examination centres as per your ease:

- | | |
|---|--|
| <input type="checkbox"/> Agartala (Tripura) | <input type="checkbox"/> Dharmanagar (Tripura) |
| <input type="checkbox"/> Guwahati (Assam) | <input type="checkbox"/> Kolkata (West Bengal) |

Final selection of candidates will be done through personal interview basis.

A fee of Rs.500/- in DD/Pay Order favoring “Tripura Institute of paramedical Science” payable at Agartala should be submitted along with the form as common admission test purpose.

Application form duly filled in all respects should be submitted at our nearest centre within

Application form should be submitted in original only or can be downloaded from our website.

Documents to be submitted with the Application Form : PRTC, Age Proof Certificate, Adhar Card, Secondary Exam Result, 10+2 Board Result , Graduation result (all should be attested photocopies) , Medical Certificate & Experience Certificate

Declaration:

- I SHALL OBEY THE RULES & REGULATIONS OF THE INSTITUTE AND THE INSTITUTE MESS.
- I SHALL NOT TAKE PART IN ANY SUBVERSIVE ACTIVITIES INCLUDING RAGGING IN ANY FORM IN THE INSTITUTE CAMPUS OR THE INSTITUTE MESS OR ANYWHERE AT AGARTALA OR OUTSIDE ANY TIME DURING MY STAY AT THE INSTITUTE.
- IF I INVOLVE MYSELF IN ANY TYPE OF SUBVERSIVE ACTIVITIES, THE INSTITUTE AUTHORITY, ALONE OR IN CONSULTATION WITH LOCAL ADMINISTRATION, MAY TAKE ANY TYPE OF DISCIPLINARY ACTION AS PER PREVAILING RULES & REGULATIONS OF THE COLLEGE.
- I ALSO AGREE TO PAY COLLEGE INSTALMENTS/HOSTEL FEES ON TIME, IF I FAIL TO PAY HOSTEL FEES INSTALMENTS FOR CONSISTENTLY TWO MONTHS/TWO INSTALMENTS; I SHALL BE LIABLE TO STRUCK OFF FROM THE COLLEGE ROLL.
- ALL THE INFORMATION FURNISHED HERE ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF.

.....
(Countersigned in full by parent/local guardian)

.....
(Signature in full of the candidate))

Date:.....

Date:.....

.....Office Use Only.....

Verification and found to be correct

.....
(Admission Counselor)

.....
Admin-in-Charge)

Date:.....



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Application Form (UG Course)

BMLT BMRT BMRIT BPT BOPTM

BHM BOTT BFN BCCT BHT

PERSONAL INFORMATION

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PASSPORT SIZE
COLOR PHOTOGRAPH

NAME

FATHER'S NAME

MOTHER'S NAME

NATIONALITY

D.O.B. DD MM YYYY

GENDER MALE FEMALE

CATEGORY GENERAL SC/ST OBC PH

PERMANENT ADDRESS

PRESENT ADDRESS

TELEPHONE NO

LOCAL GUARDIAN (IF ANY)

ADDRESS

TELEPHONE NO

AVAILING HOSTEL FACILITIES YES NO

Academic Information:

Qualification	Major Subject	Board/University	Year of Passing	% of Marks
Class x				
Class XII				
Others				

Document submitted (Original & Attested Photo Copy)

Common Admission Test will be on

Please choose one of your examination centers as per your ease:

- | | |
|---|--|
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| <input type="checkbox"/> Guwahati(Assam) | <input type="checkbox"/> Kolkata (West Bengal) |

Questions will be on 10+2 science standard for degree courses

10 standards for BHM course. Negative marking will be there.

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**Documents to be submitted with the Application Form: PRTC, Age Proof Certificate, Adhar Card
Secondary Exam Result, 10+2 Board Result (all should be attested photocopies) &
Medical Certificate**

Declaration:

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5. ALL THE INFORMATION FURNISHED HERE ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF.

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(Countersigned in full by parent/local guardian)

.....
(Signature in full of the candidate)

Date:.....

Date:.....

.....Office Use Only.....

Verification and found to be correct

.....
(Admission Counselor)

.....
(Admin-in-Charge)

Date:.....



TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES

Serial No. _____

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ADMIT CARD FOR CET 2024

NAME OF THE CANDIDATE

FATHER'S NAME

ADDRESS

ROLL NO

DATE OF EXAMINATION

TIME OF EXAMINATION

PLACE OF EXAMINATION

AFFIX RECENT
PASSPORT SIZE
COLOR PHOTOGRAPH

SUBJECT : MCQ ON SCIENCE GROUP (10+2 STANDARD) & G.K. FOR ALL COURSES EXCEPT BHM

For PG Courses Questions will be on respective Graduation Subjects

MCQ ON SCIENCE GROUP (10TH STANDARD) & G.K. FOR BHM COURSE

QUESTIONS WILL BE IN BENGALI & ENGLISH

Note : You are requested to appear at the centre before 30 minutes.

Except pen no books, notes, mobile, calculator etc will be allowed at the examination hall.

Negative marking will be there.

Questions will be in English & Bengali language .

Date and Venue subject to change if necessary.

Exam controller



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Received one application form no. ----- from Shri /Smt -----of

along with one pay order /DD no.----- dtd-----on -----

Bank for Rs 500/- (five hundred only).Admit card for the common entrance test should be collected from our office on and from.....

between 10.30 am to 5 pm

[Forms are subject to verification and proper fulfillment of all criteria as required by the college authority]

TIPS Management committee will not be liable for any sort of delay in postal transit.

.....
Received by



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MEDICAL CERTIFICATE

I HAVE EXAMINED MR/MRSS/D OF MR
..... A CANDIDATE FOR ADMISSION INTO TRIPURA INSTITUTE OF PARAMEDICAL SCIENCES.

1. PERSONAL MARK IDENTIFICATION.....
2. AGE: A. STATED YEARS MONTHS
 B. APPARENT..... YEARS..... MONTHS
3. CHEST MEASUREMENT:
A. NORMALCMS
B. FULL INSPIRATION.....CMS
C. FULL EXPIRATION.....CMS
4. HEIGHTM.....CMS
5. WEIGHT.....KGS
6. EYESIGHT: (VIDE NOTE BE BELOW): A. RIGHT EYE : B. LEFT EYE :
7. VACCINAL CONDITION (ALL CANDIDATES MUST BE VACCINATED BEFORE JOINING):
8. GENERAL PHYSIQUE:
9. HEART:
10. LUNGS:
11. ABDOMINAL VISCERA:
12. CHOLERA INFECTION / INOCULATION:
13. TYPHOID INFECTION/ INOCULATION:
14. MALARIA INFECTION:
15. BLOOD GROUP :

AND HEREBY CERTIFY THAT HE/SHE IS PHYSICALLY AND MENTALLY FIT EXCEPT.....
WHICH WILL CREATE NO HINDRANCE FOR THE ADMISSION TO THIS TYPE OF PROFESSIONAL COURSE.

PLACE: DATE:

REGISTRATION NO:

.....
SIGNATURE

(EYESIGHT STANDARD)

A. ALLOWABLE

1. MYOPIA OF MYOPIA ASTIGMATISM- CORRECTION NOT EXCEEDINT 3.5D ACUTENESS OF VISION AFTER CORRECTION (A)6/9 IN ONE EYE AND (B)6/6 IN ANOTHER EYE.
2. HYPERMETRIOPIC NOT EXCEEDING 14D OR HYPERMETRIOPIC ASTIGMATISM-CORRECTION LENS NOT EXCEEDING 4D. ACUTENESS OF VISION AFTER CORRECTION – (A) 6/9 IN ONE EYE AND (B) 6/6 IN ANOTHER EYE.

B. DISQUALIFYING

1. DEFECTIVE VISION FROM ARISING NEBULA OF THE CORNEA OR ANY PATHOLOGICAL CONDITION OF THE DEEPER STRUCTURES.
2. COLOUR BLINDNESS (ACHROMATOPSIA)
3. PARALYSIS OF THE EXTERIOR MUSCLES OF THE EYE.