St.Judy Paramedical College
"Making Better Healthier and Safe Society through Quality Education"

OPTION FORM
For the On the Job Training Placement

Note: After submitting the form students are not allowed to change the contents of the form under any circumstances.

01	Student's Name:			
02	Admission No:		03	NIC No:
04	Contact No:	Mobile:		WhatsApp:
05	Permanent Address:			
06	Following Course Name:			
07	Batch Reged. No:		08	Centre Reg No:
09	Preference Hospitals/ Industries.			
	9.1:			
	9.2:			
	9.3:			
10.				

…… Date:……

Signature of the applicant

College Use only

Nominated Hospital/ Industry: [ ] 9.1 [ ] 9.2 [ ] 9.3

Remarks :

Nominated by OJT Coordinator: Name:……. Signature:……

Certified by Campus Manager / Assistant Director:

Name:……. Signature:…… Date:…….. Seal…….