

**Sai Para – Medical Institute**  
**Sankhali-Goa**



Application form No.:

Course Applied for : \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_  
(Block letter)                      SURNAME                      NAME                      MIDDLE NAME

Std. XII %: \_\_\_\_\_ Stream: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Postal Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Caste : \_\_\_\_\_

Mothertounge: \_\_\_\_\_

State of domicile: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Name of the Parent/Guardian: \_\_\_\_\_

Relationship with Guardian: \_\_\_\_\_

Contact No.:Parent/Guardian: \_\_\_\_\_

Occupation of Parent/Guardian: \_\_\_\_\_

Annual income.: \_\_\_\_\_

I hereby certify that the above information is true to the best of my knowledge and if authorities find anything false, I as a candidate am liable to be cancelled at any state of my training period.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate

## DECLARATION FORM

I \_\_\_\_\_ hereby declare that I have carefully gone through the prospectus received along with the application form.

I promise to abide by the rules and regulations of the institution. I further declare that I have no mental or physical defect that is disqualifying admission and that the statement made above are true and correct to the best of my knowledge.

Place: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

## DECLARATION BY PARENT / GUARDIAN

I \_\_\_\_\_ hereby declare that I have carefully gone through the prospectus and I undertake in the event of the above application being admitted to pay regularly all the fees and other dues before the completion of the course.

Place: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

## FOR OFFICE USE ONLY

Application of Smt/Miss/Mast. \_\_\_\_\_

Received for the course of Diploma in Ophthalmic Assistant Technology has been  
ACCEPTEDED/REJECTED for (Reason) \_\_\_\_\_ by the selection committee of Sai Para-  
Medical Institute Sankhali Goa.

Date: \_\_\_\_\_

\_\_\_\_\_  
Principal