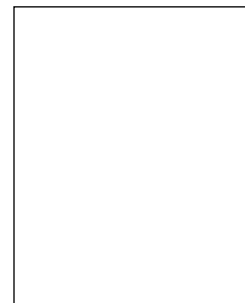


Sai Para – Medical Institute
Sankhali-Goa



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

Rs. 250/-

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 X-RAY Technology has been ACCEPTEDED/REJECTED for (Reason) _____ by the selection committee of Sai Para-Medical Institute Sankhali Goa.

Date: _____

Principal