



# SARA MEDICAL INSTITUTE

Avalurpettai Main Road, Near EB Office Mangalam, Tiruvannamalai Dt 606752.

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## ADMISSION FORM

Note: Please read the form carefully before filling it. Attach the required documents of / with results / score of qualification examinations as mentioned in educational qualification. Incomplete application will be rejected

Form No.

Registration No.

(office use only)

### Course Details

Course Type : \_\_\_\_\_

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

Session / Year : \_\_\_\_\_

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for office use**

### Personal Details

Name (Mr / Ms): \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Years (as mentioned in the Certificate of 10<sup>th</sup> Examination)

Gender :  M  F Category : \_\_\_\_\_ Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Permanent Address

\_\_\_\_\_

\_\_\_\_\_

Mobile No 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

Email ID: \_\_\_\_\_

Date:

Signature of the Student

## Family Details

Parent / Guardian Name	Occupation	Phone No	Mobile No	Email

## Employment History

Work Experience:  Yes  No If Yes, Total Experience: Years \_\_\_\_\_ Months \_\_\_\_\_

Organization / Company Details

Name of the Company	Address	Duration	Designation	Nature of Work	Salary Drawn

## Educational Qualification

Examination / Grades Passed	Name of the School / College & Board / University	Year of Passing	Subject(s) Studied	Marks Obtained	Maximum Marks	% of Marks Scored
10th						
12th						
Graduation						
Post Graduation						
Any Other Qualification						

## Payment Details

(applicable for downloaded forms only):

DD / Cheque No.	Cheque Date / Drawn Date	Amount	Name & Address of Bank issued

Date:

Signature of the Student

## **Sara Medical Institute Rules & Regulations / Terms & Conditions**

1. The fees paid are non-refundable and non-transferable under any circumstances.
2. Failure to pay fees by due date shall result in imposition of fine.
3. Batch transfer is not permitted. In special cases if allowed the students will be required to pay the requisite transfer fee applicable.
4. The College / University reserve the right in making any changes / amendments to terms and conditions of admission at anytime.
5. Student is required to inform the College / Univeristy about any change in his / her contact details including permanent / correspondence Email etc at any point of time.
6. The College / University may make mandatory the submission of any certificate or documents before or at the time of the admission or afterwards, for the purpose of admission or otherwise, ad decided by the College / University.
7. Students undertake / certify that the documents submitted by him / her are original / genuine and not fake and details furnished in the same are true / original to the best of his / her knowledge. If found fake / false information otherwise, the fee of the student shall be forfeited and separate legal action would be taken by the College / University.
8. College / University reserves the right to cancel admission if student fails to submit the relevant documents or otherwise if fails to fulfil any condition.
9. College / University will charge the fee for various facilities like reappear / backlog etc. As decided from time to time.
10. Students should keep him / her well versed with the updates in the University through our notice boards / website. College / University are not responsible for any individual intimation of information.

### **DECLARATION BY THE STUDENT**

I \_\_\_\_\_ son / daughter of Mr/Ms \_\_\_\_\_  
have read & hereby certify that the information given in the application is complete and accurate to the best of my knowledge. I understand all the rules and regulations laid down by the College / University and agree that misrepresentation or omission of facts will justify the denial of admission, cancellation of admission or expulsion. The fees paid are non-refundable under this circumstance. In case I am not in position to join and continue course even after submission of fees, I will not claim any refund of fees. I agree that I am not entitled to pursue any other course from any other Educational Institution while enrolling with Sara Medical Institute.

Date:

Signature of the Student

### **DECLARATION BY PARENT / GUARDIAN**

I \_\_\_\_\_ Parent/Guardian of Mr/Ms \_\_\_\_\_  
declare that the information given by my ward is true and correct to the best of my knowledge. I have gone through the rules governing the admission and conduct of my ward in the College / University and I agree to abide by the decision of the Management. I undertake to ensure that my ward shall not involve himself/herself directly or indirectly in disciplinary activities like loss to College/University & Hostel property, theft case, ragging, fighting, quarrelling, use of abusive language, misbehave with fellow students, juniors/seniors or with outsiders within campus or at public places and also with the Staff Members throughout his/her studies in the College/University until the completion of the course.

Date:

Signature of the Parent / Guardian