



# SRI MANJUNATHA INSTITUTE OF PARAMEDICAL SCIENCES

(Affiliated to Para Medical Board & Recognised by Government of Karnataka)  
SriShaila Complex, 100 ft Road, Opp. Kariyanna Building, Vinobanagara,

SHIVAMOGGA - 577 204

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Application No.

## APPLICATION FOR ADMISSION TO PARA MEDICAL COURSES

FOR THE ACADEMIC YEAR 20 - 20

IMPORTANT : ALL ENTRIES MUST BE IN BLOCK (CAPITAL) LETTERS ONLY

Please Tick the required courses : ( ✓ )

<input type="checkbox"/> Diploma in Medical Lab Technician	<input type="checkbox"/> Diploma in Health Inspector
1. Name of the candidate (as per SSLC (10th Std) Marks Card)	
2. Father's name (as per SSLC (10th Std) Marks Card)	
3. Mother's name	
4. Date of birth and age	
5. Place of birth	
6. Sex	Male / Female
7. Postal address  Mob / Tel. No.	
8. Permanent address  Mob / Tel. No.	
9. Nationality	
10. Religion	
a) Caste	b) SC / ST / OBC / BCM (I A / II A / II B / III A / III B / General
11. Occupation of Father/Mother/Guardian	
12. Annual income of Father/Mother/Guardian from all sources	
13. Are you a Govt. Candidate	
14. Fees concession/Scholarships if any : (to be specified)	Yes No

16. Academic Particulars :						
Exam. Passed	Name & address of the School/ College / Board / University	Reg. No.	Total Marks.	Marks obtained	% of Marks	Year of Passing
a. SSLC/ Metric						
b. PUC equivalent						

17. The following attested photostat copies are required :
- a) SSLC Marks Card 6 Nos.
  - b) PUC equivalent Marks Card 6 Nos.
  - c) Transfer Certificate 6 Nos.
  - d) Conduct Certificate 6 Nos.
  - e) Latest passport size photographs 6 Nos.

**18. Note : Fees once paid will not refund at any circumstances**

**DECLARATION BY THE CANDIDATE**

I hereby declare that I have filed the required attested photostat copies, as indicated in Sl. No. 17 of the application form, and the information furnished in the application is true and correct to the best of my knowledge and belief. I here by undertake to abide by all the rules and regulations in force at present and also those which may hereafter be introduced for the administrations in force at present and also those which may hereafter be introduced for the administration of School. I also undertake that so long as, I am a student of this school, I will do nothing unworthy of a student of this school either inside or outside, anything that will interfere with its orderly working and discipline. I am aware that the Management has the authority to expel me for negligence in studies, misbehaviour, that will bring down the name of the Institution. I and / or my parent / my Guardian will also be liable for such civil / criminal action in this behalf.

I do hereby understand that all the original certificates will not be returned to me till the completion of the course. I am also aware of the fact that, I do keep sufficient number of xerox copies of all the original certificates for my use. In any circumstances, I will not demand the Management to return the certificates in between if demanded, I am agreeable to deposit the demand amount with the Management, which may be refunded to me only after returning the certificates. Further, if I discontinue from the course, I agree to pay the required fees for the balance period of the course.

I understand that the use of mobile phone or any other electronic gadgets is not allowed inside the college premises and if found the instrument will be confiscated by the authorities.

I understand that my admission is only provisional pending final approval by the Board. I shall produce all the necessary certificates as required by the Board well in time for early confirmation of my admission.

I hereby undertake that I shall pay the fees and other dues to the Institution promptly on demand.

Place :

Date :

**Signature of the student**

**Declararion by the Parent / Guardian**

I have gone through the particulars filled above and the declaration by my son/daughter/ward. If my son/daughter/ward is admitted in your college, I undertake the responsibility of my son/daughter conduct. I shall be responsible for the payment of all his/her dues, If any, to the institute.

Place :

Date :

**Signature of the parent/Guardian**

**Enclosures :**

**FOR OFFICE USE**

SSLC	PUC	TC	Conduct	Caste	Income	M. Cert	Photos	

**Admitted.....to DMLT / DHI Course for the academicYear 20 -20**

**Secretary**

**Principal**