

SIMPS INSTITUTE OF MANAGEMENT AND PARAMEDICAL SCIENCE
ADMISSION FORM

Section 1: CHILD'S PERSONAL DETAILS

Family Name			Father's Name			
Date of Birth			Place of Birth			
Nationality			Male		Female	
Address						
Parent's Telephone Numbers	Residence			Mobile		
				Office:		

Section 2: ACADEMIC DETAILS

Admission is Sought in (Management/Paramedical Science): _____

Name(s) of school(s) attended in the past and dates of attendance:

Please provide details of any special aspects of your personality:

Name of School (Any City/Country)

Class

From

To

Father's Name			
Profession		Designation	
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			

Mother's Name			
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Mother's Occupation

House Wife

Professional

Profession			
Organization			
Office Address			
Office Telephone		Fax No:	
Email:			

DECLARATION

I confirm that, to the best of my knowledge, the information provided in this form is correct. I have understood and agree to abide by all school rules including school discipline, inter-school/city transfers and tuition fee payment and refunds. I also acknowledge that while the school does its best to ensure the safety of each child's life, health and property, the school cannot be held responsible for any damage to these.

Signature of Parent/ Guardian

Date

Signatory's Name: _____

Signatory's Relation with the Child: _____