



# SARASWATI INSTITUTE OF MANAGEMENT & PARA-MEDICAL SCIENCES

(Under Indian Trust Act 1882, Registration Act. 1908)  
Regd. No. :- 1433 of 2014

Khurai Puthiba Leikai, Pangei Road, Imphal, Manipur, College Campus :- Nepali Basti, Pangei

Mobile No. :- +91 98565 75163 / +91 94022 33554

Email Id. :- plusphijam27@gmail.com

## APPLICATION FORM FOR

No.

Name :

Name as entered in SSLC

Date of Birth       Age   Sex  M  F

Nationality  Religion  Caste

Sub Caste (If any)  Category  SC  ST  OBC

Father's/ Guardian Name :

(Signature of the Candidate)

Occupation of Father / Guardian : Govt. / Private / Self Employed / Any others specify  
(If Parent is not alive)

Income p.a.

Communication Address with Phone No. & Pin Code :

Parmanent Address with Phone No. & Pin Code :

COURSE	UNIVERSITY / BOARD	INSTITUTION	YEAR OF PASSING	AGGREGATE %
10th Standard				
12th Standard				
U.G.				
Other Diploma if any				
Others				

Details of Qualifying Examinations  
Name of the School/College last attended Highest Examination Passed Name of the University / Board last studied

Affix  
Latest Passport Size  
Photograph.  
Do not Staple/ Pin  
the Photograph  
(Photograph not to be  
attested)

Are the following copies of the certificates enclosed

a) SSLC / SSC / Xth Std.	YES/NO
b) Marks card P.U. Course/Intermediate	YES/NO
c) U.G.	YES/NO
d) Other Diploma if any	YES/NO
e) Transfer Certificate	YES/NO
f) Character & Conduct Certificate	YES/NO
g) Migration Certificate	YES/NO
h) Eligibility Certificate	YES/NO

Note:- Originals of the above shall be produced at the time of admission without which the admission is not complete.

Extra Curricular Activities (Enclose Certificate Copies)	
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### DECLARATION

- 1) I do here by declare that the above information is correct.
- 2) I promise to abide by the rules and regulations of the college/institution and to the subject to their disciplinary action and if needed, I may be removed from the college in case of persistant break of disciplinary rules.
- 3) I understand original certificates have to be sumitted to Saraswati Institute of Management and Para-Medical Science and these certificates will not be returned by Saraswati Institute of Management and Para-Medical Science unless my full tuition fee is paid and all my dues are cleared.
- 4) I understand all the information concerned on conducting the course will be communicated through veritfications displayed on the college notice board and no individual communication will be sent.
- 5) I shall not indulge myself in ragging in any form.
- 6) If admitted to Saraswati Institute of Management and Para-Medical Science. I agree to abide by the policies, rules laws and regulations of the college as modified from time to time.

Date :

Place :

Signature of the Candidate

### DECLARATION BY THE PARENT / GUARDIAN

I certify that the above particulars furnished by my son / daughter / ward are correct and I undertake for the good conduct and to edcuare my son / daughter / ward in your institute till the completion of the ..... course. I shall be responsible for the payment of all his / her dues, if any to the Govt. of Manipur/ University / Institution.

Date :

Place :

Signature of the Guardian

#### FOR OFFICE USE ONLY

Branch : ..... Admission : ..... No. : .....  
 Amount Paid in SIMPS Rs. .... Receipt No. .... Date : .....  
 Admission : Granted / Rejected

OFFICE SUPERINTENDENT

PRINCIPAL