



SANJEEVANI INSTITUTE OF MEDICAL SCIENCES

Town : Charthawal, Distt. Muzaffamagar (U.P.) Pin : 251311

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Visit us : www.simsmzn.com

Session - 20 - 20

COURSE :

1. NAME OF CANDIDATE :
(In Capital Letters)
2. FATHER'S NAME & PROFESSION :
3. MOTHER'S NAME & PROFESSION :
4. DATE OF BIRTH (In Numbers)
(In Words) :
5. CORRESPONDENCE ADDRESS :
6. TELEPHONE No. WITH CODE :
7. LOCAL ADDRESS WITH TELEPHONE No. :
8. CATEGORY SC/ST/OBC/GEN. :
9. NATIONALITY : 10 RELIGION :
11. EDUCATIONAL QUALIFICATION :

S.No.	Name of Exam Passed	Year of Passing	Board/University	Percentage of Marks
1.	High School - Xth			
2.	Intermediate - 10+2S			
3.	Others			
4.				
5.				

12. ANY DISTINGUISH ACHIEVEMENT :

Following documents should be attached with this admission form :

1. High School Certificate & Mark Sheet duly attested - 2 Sets.
2. Intermediate Certificate & Mark Sheet duly attested - 2 Sets.
3. Transfer/Migration Certificate in Original.
4. Domicile of U.P. State by authorised officer.
5. Reservation related certificate attested by authorized officer.
6. Character Certificate from last institution attended in original.
7. Passport size latest coloured photograph - 4 Nos.
8. Stamp size coloured photograph - 1 No.
9. Affidavit on Rs. 10/- stamp paper attested by Notary.

(Sig. of Father/ Guardian)

Signature of Candidate

Date :

Place :

DECLARATION BY THE STUDENT

I hereby solemnly affirm & declare that :

1. The informations and Particulars given by me in this form are true, complete and correct to the best of my knowledge and belief. In the event of any information given by me found false or incorrect or any ineligibility detected before or after the admission, my admission may be cancelled or with held by the institution.
2. I am completely fit both mentally and physically and do not suffer from any deformity of communicable diseases(s)
3. I will serve in any department of the College/Hospital/Clinic in Urban or Rural area at any time during my theory/practical/hospital training at my own expenses.
4. I will not damage the reputation of the college and its property. I do hereby agree to pay the cost of damages if caused by me to any movable or immovable property of the College, Hospital or Hostel alongwith fine, due to my malafied/negligent working or duties.
5. I will not indulge in any type of unlawful activity in College/Hospital/Hostel Campus by way of giving provocative speeches, aggranging unauthorised meetings, causing physical violence or any activity which will be violation of the law.
6. I will not be disrespectful to the management, staff of follow students.
7. I will not indulge in any type of ragging or harassment of juniors or other students.
8. I will attend at least 75% lectures in each subject and will not be absent without prior written premission of the Principal/Director.
9. I will not indulge in malpractices during tests/examiantions not will not absent from such tests/ examinations without prior written premission of the Principal/Director.
10. I will neither use any bubble gum, pan, intoxicants, stimulant drinks & drugs of dangerous nature and not will smoke nor consume barbiturates etc. in College/Hopstia/Hostel campus.
11. I will attend the college in proper uniform prescribed by the college.
12. I agree to deposit College/Hostel fee well within stipulated period and I further agree that any type of College/Hostel free once paid to the College is neither refundable nor adjustable in any circumstances. The College will not be responsible for any charge in circumstance or family economic conditions or conflicts, disputes or decision to discontinue my education or any other reason.
13. I fully agree that violation of any or more rules will constitute breach of discipline which may lead to disciplinary action against me in way of warning, fine, suspension or expulsion from college. I will not proceed in any court of law against any decision of the management of the college in this respect.

VERIFICATION BY PARENT/GUARDIAN

(SIGNATURE OF STUDENT)

Date :

Place :

UNDERTAKING BY THE PARENT / GUARDIAN OF THE STUDENT

- I have gone through the declaration given by my ward and I fully agree to it and I allow my son/daughter/ward to join above stated course under the college rules and regulations.
- I assure you that my son/daughter/ward will obey the instructions/orders of the college authorities.
- I also take the responsibility/to deposit the college/Hostel fee in time.
- I fully agree that the college / Hostel fee two time deposited is neither refundable nor adjustable/transferable in any circumstances.
- I have no objection towards my ward in participating in the various activities organized in and out of the college campus.
- The College will not be held responsible for any damage or charge on account of injuries fatal or otherwise, which may be sustained by my ward while taking part in Practical, Game, Sports or in any other indoor or outdoor activity at any time during his/her stay in the College & Hostel. All expenses that may be incurred in the treatment of such injuries will be borne by me.
- I authorize the College authorities to arrange for medical attention, treatment or emergency, surgery, administration of anaesthesia, if needed to the best judgement of the Principal/College administration.
- During study my ward will not involve in any College strike or in massbunking from the college or other activities against the college.

(SIGNATURE OF PARENT/GUARDIAN)

Date :

Place :

TO BE FILLED BY THE PRINCIPAL / DIRECTOR OF THE INSTITUTE

Please admit Mr/Ms.

daughter / son / ward of

in

Place

Date :

(Seal & Signature of the Principal / Director)