Application N	۷o.	

# SRI SAI BHARATH NURSING & PARAMEDICAL INSTITUTE

(Affiliated to The Dr. M.G.R. Medical University, Mother Terasa Women's University & TNOU)

ODDANCHATRAM - VEDASANDUR HIGHWAY,

SULLERUMBU (POST), DINDIGUL - 624 710.

Ph: 04551-294433, Cell: 85080 60533, 85080 60522 www.srisaibharathcollege.com; Email: ssbtrust@gmail.com

APPLICA	TION FORM				
COURSE APPLIED FOR					
DEPARTMENT:					
Name : (as in SSLC / H.Sc Mark Statement)					
Father / Guardian's Name :					
Father / Guardian's Profession :					
Address for Communication :					
District : Pin Code :					
State : Nationality :					
Phone No. : Religion :					
Community : OC BC MBC SC ST Caste :					
Gender: Male Female Date of Birth: Date of Month) Age:					
Hostel Accommodation Required : Yes No					
If, physically handicapped, specify the nature					
Are you the son / daughter of Ex-Serviceman?					

Qualifying Examination Passed : HSC or PD or Equivalent :					
Subject	Marks obtained	Maximum Marks	Month &Year of Passing	Register No.	No. of Attempts
Part I : Tamil /					
Part II : English					
Part III :					
1)					
2)					
3)					
4)					
Total					
Name of the School where studied last கடைசியாக படித்த பள்ளியின் பெயர்					
Distinction in Sports / NCC / NSS / YRC விளையாட்டு / என்.சி.சி. / என். எஸ். எஸ் / ஓய்.ஆர்.சி. ஆகியவற்றில் சாதனை					
	Student's Declaration		eclaration		

I the undersigned, hereby declare that all the particulars given in this application are complete and accurate to the best of my knowledge. If admitted tho the college, I agree to observe all the rules and regulations of the college and to pay all the fees and charges due to the college. If I am found, not adhering to the stipulated rules of discipline and code of conduct, I shall lose privilege of continuing as the student of the college.

### Signature of the applicant

## Parent's Declaration

I the undersigned, hereby declare that I have carefully studied the rules and regulations of the College and that I will be responsible for all the activities of my ward. I also declare that I will remit all the dues on behalf of my ward in the college.

கல்லூரி விதிமுறைகளை நன்கு படித்தறிந்தேன். என்னுடைய மகன் / மகள் நடவடிக்கைகளுக்கு நான் முழுப் பொறுப்பேற்பேன். என் மகன் / மகள் கல்லூரிக்கு செலுத்த வேண்டிய எல்லா கட்டணங்களையும் செலுத்துவேன் என்று கூறுதி கூறுகிறேன்.

Place:

Date:

Signature of the Parent / Guardian

#### FOR OFFICE USE ONLY

### **Certificates Verified:**

	10th Standard Mark Sheet		Community Certificate
	H.Sc / Pr	e - Degree Mark Sheet	Conduct Certificate
ſ	Transfer	Certificate	Other Certificate

Admitted / Not Admitted

Admitted in	
Roll No.	
Date	

Signature of the Verified Staff:

**Principal**