

## SAI KRISH PARAMEDICAL INSTITUTE

(Recognised by Govt. of Karnataka & Paramedical Board, B'lore.

Offiec: Krish Bhavan, Smith Road, Oorgaum Post, K.G.F. - 563 120.

Kolar Dist., Karnataka State.

Photo

SI.No.								
APPLICATION FORM FOR ADMISSION FOR THE YEAR  COURSE APPLIED FOR								
	propriate Course Bo na in Health & Sani		or (DHI)					
2. Diplor	ma in Medical Labor	atory Techn	ology (DML	T) 🔲				
3. Diplo	ma in Medical X-Ray	Technology	(DMXT)					
Age - a remove of	f the Candidate k letters) :							
2. Father's	Name / Guardian:					П		
3. Sex:		MF						
4. a. Caste	***************************************	*****************************	. b.	Community:	SC S	ST MBC	BC OC	
5. a. Date	of Birth :	Date	Month	Year				
	of Birth in words:							
	to Karnataka / Non	Karnataka	* *************************************					
	Tongue : of Educational Quali	fication :						***************************************
Course Name of h Studied School / College		1 MAIOT		Month & Year of Passing		otal Mark	Percentage of Marks	
Studied	Sales I Soles				Sci	Maths	Total	1-Idino
SSLC								
PUC								

11. Address for Communication :							
Pin Code	E-mail ID						
Phone with STD Code	Mobile						
Note: The following documents must accompany the filled in application for admission (Original / Xerox)							
<ol> <li>SSLC Marks card and Equivalent</li> <li>Transfer Certificate</li> <li>Study Certificate</li> <li>Caste Certificate</li> <li>Physical Fitness Certificate (from competent author</li> <li>Eligibility Certificate for Non Karnataka Students.</li> <li>Passport Size 5 - Stamp Size 2</li> </ol>	ity)						
DECLARATION							
• I hereby, declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligible creteria and have provided necessary information in this regard in the event of any information being found incorrect or misleading my candidature shall be liable to cancellation by the polytechnic at any time and I shall not entiled to claim, refund or transfer of any fees paid by me to the Polytechnic at any time.							
I have declared the above statement to be true and correct to the best of my knowledge and belief.							
Parent/Guardian I have read the declaration and abide the	rules and regulations.						
Signature of the Parent / Guardian	Signature of the Candidate						
Place:							
Date :							
FOR OFFICE U	SE						
Admitted to :							
Admission No.							
Admn. Fee Receipt No. :							
Date of Admission							
	Cincipal of the Principal.						
Date : Signature of the Principal.							