



# Sanjeevani Institute of Paramedical Sciences

A8/9, Nirmaann Estrella, Above Shrinidhi Hotel, Somji Chowk,  
Kondhwa, Pune 411048. Email : siops.pune@gmail.com  
M.: 800 768 0303 / 800 769 0303 / Web : www.sipspune.com

## ENQUIRY FORM

No.:

Date :

Student's Name : .....

Date of Birth ..... Gender : .....

Father's Name : .....

Mother's Name : .....

Seeking Admission For :

CMLT

CDT

COTT

CMRT

DMLT

DDT

DOTT

DMRT

PGDMLT

CAN

DAN

B.VOC MLT

M.VOC MLT

OTHER

Batch : Regular

Weekend

Any Physical Defect/Allergy .....

Address : .....

Phone No.: 1..... 2.....

Email ID : .....

Parent's/Students Signature

Authorised Signature



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## ADMISSION FORM

NAME		Photo
ADDRESS		

List the qualification you gained in your final year at Secondary or Higher Secondary School; and any qualification you have gained at College, Polytechnic or University, Please enclose certified copies of your Certificates.

Qualification	Board / University	Name of School/College	Year	Results Grade % of Marks Pass or Fail
1. S.S.C.				
2. H.S.C.				
3. Diploma				
4.				
5.				

### PARENTS / GUARDIAN INFORMATION :

6. Information to be furnished by Guardian	Surname	First Name	Fathers Name
	Relation With Student	Student Date of Birth	
	Guardians Occupation		
	Address (Residential)	In Words	
	Telephone No.	Telephone No.	
	Other Information	Mobile	

### 7. Declaration of Student / Parent / Guardian

I DECLARE THAT THE INFORMATION FURNISHED BY ME IS FULLY CORRECT AT THE SAME TIME I WILL ENSURE TO FOLLOW THE INSTRUCTION GIVEN BY THE INSTITUTE, IN CASE OF ANY MISCONDUCT THE DECISION OF THE AUTHORITY WILL BE FINAL BINDING ON ME.

Place :

Date : / / 20

Signature of Student

Signature of Parent/Guardian