

# SVM Para Medical Institute

## Talikoti

Ta: Muddebihal

Dist: Vijaypur

Approved by Govt of Karnataka

### ADMISSION FORM - 2019-20.

Paste a photo of  
the student

1. NAME OF THE PUPIL: \_\_\_\_\_  
(IN CAPITAL LETTERS)

2. Date of birth \_\_\_\_\_ Gender: \_\_\_ M: \_\_\_ F: \_\_\_\_\_

(in words) \_\_\_\_\_

3. Seeking admission to:  DHI / DMLT / DOT

4. Father's name: \_\_\_\_\_

5. Occupation: \_\_\_\_\_ Qualification: \_\_\_\_\_

6. Mother's name: \_\_\_\_\_

7. Occupation: \_\_\_\_\_ Qualification: \_\_\_\_\_

8. Annual Income: \_\_\_\_\_ Mother Tongue: \_\_\_\_\_

9. Religion & Caste: \_\_\_\_\_

10. Qualification with year of passing : \_\_\_\_\_

11. Name of the school : \_\_\_\_\_

12. Marks (Percentage): \_\_\_\_\_ Medium: \_\_\_\_\_

13. Address: \_\_\_\_\_

\_\_\_\_\_ Mobile No: \_\_\_\_\_

Parent's/Guardian's signature

Student's signature

#### For official use

1. Documents submitted: Original: \_\_\_\_\_  
Xerox \_\_\_\_\_

2. Admitted to: \_\_\_\_\_ 3. Fees paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Date:

Place:

Signature of the Principal