



ADMISSION FORM
SANCTUM ALLIED HEALTH SCIENCES AND RESEARCH INSTITUTE (SAHSARI)

Under Govt. of Manipur
Regd. No. 628/2022, Govt. of Manipur
The Sanctum Estate, Haobam Marak Ngangom Leikai, Kellimakhong
Imphal west, Manipur

Application form for:

- ☐ DMLT/B.Sc
- ☐ DMRIT/B.Sc
- ☐ B. Pharmacy/D. Pharmacy
- ☐ Diploma in Dental technician
- ☐ ECG
- ☐ Others

**Please tick whichever is applicable*

1. Name of the Candidate: (in capital letters)

2. Name of the Father or Guardian:

3. Occupation of the Father or Guardian:

4. Name of the Mother:

5. Occupation of the Mother:

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6. **Date of birth:**

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7. **Gender:** ☐ Male ☐ Female ☐ Transgender

**Please tick whichever is applicable*

8. **Religion:**

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9. **Nationality:**

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10. **Category:** ☐ General ☐ OBC ☐ ST ☐ SC ☐ Others

**Please tick whichever is applicable and to be specified and supported with certificate from the competent authority*

11. **Present Address:**

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District.....PIN Code..... State.....
Phone
Blood Group Email ID

12. **Permanent Address:**

.....
.....
DistrictPIN Code State

13. **Qualification:**

Sl. No.	Examination Passed	Name of the Board	Subject	Max. marks	Marks secured	% of marks	Division	Year of passing
1.	HSLC/ Equivalent							
2.	10+2/ Equivalent							
3.								

**Strike off which is not applicable.*

14. List any outstanding performance in academic and extracurricular activities (if any):

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15. Certificates or documents required in photo copies:

- a) HSLC pass certificate along with marksheet
- b) 10+2 pass certificate with marksheet
- c) Transfer certificate, Migration certificate, Character certificate
- d) Domicile and category certificate
- e) Medical Fitness certificate
- f) Income certificate
- g) Aadhaar card
- h) Blood group document

**All original documents need to be produced at the time of submission of the application form.*

Declaration by the Candidate and Parent/Guardian

I do hereby state to declare that I have filled in the application form by myself and the particulars given above are true to the best of my knowledge and belief.

I do hereby undertake to abide to all the conditions, rules and regulations of the institute in force from time to time. I will submit all the original documents to the institute at the time of admission.

I will not do anything unworthy of a student either inside or outside the institute or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me on account of any misbehaviour or misconduct.

I do hereby undertake that I shall pay the fees and dues to the institute in time and in case if I happen to drop out in between the course, I solemnly agree all the tuition fees of the said course will be paid upon withdrawal of the original documents from the possession of the concerned authority. I will not take the original documents till I the completion of my course.

I also agree that fees once paid will not be refunded under any circumstances.

Parent/Guardian's signature

Candidate/Applicant's signature

Place:

Date:

FOR OFFICE USE ONLY

Academic year:

Application fee:

Cheque/Cash:

Receipt no.: