



SYMBIOSIS INSTITUTE OF HEALTH SCIENCES (SIHS)

(A Constituent of Symbiosis International University)

Senapati Bapat Road, Pune 411004 (INDIA)

APPLICATION FORM

Diploma in Biomedical Instrumentation

(Batch 2020-21)

Candidate's Personal Information

Name of the Student _____
(First) (Middle) (Last)

Date of Birth : _____ (DD/MM/YY)

Religion : _____

Caste: _____

Gender : Male Female

Blood Group : _____

Citizenship: Indian Other (Please specify): _____

Father's Name : _____ Occupation: _____
(First) (Middle) (Last)

Tel No.: _____ Mobile: _____ Email: _____

Mother's Name : _____ Occupation: _____
(First) (Middle) (Last)

Tel No.: _____ Mobile: _____ Email: _____

Permanent Address (Home): _____

City: _____ PIN: _____ State: _____ Country: _____

Address for Correspondence (Preferred): _____

City: _____ PIN: _____ State: _____ Country: _____

Mobile: _____ Email: _____

Educational Information

Sr. No.	Examination passed	Passed / Appeared	Board / Institute / University	Year of Passing	% of Marks obtained	Class / Division
1.	S.S.C. (10 th Std)					
2.	H.S.C (10+2 Std)					
3.	Any Other					

Recent Colour
Photograph to be
affixed on the print
of the Application
Form
(Size: 3.5 cm x 4.5
cm)

Category: Open SC ST
 Differently Abled O.B.C. Kashmiri Migrant
International: NRI National foreign PIO (person of Indian origin)

Course opted for: (choose one option as per your specialization)

- 1. Intensive Care & Surgical Instruments
- 2. Analytical & Laboratory Instruments
- 3. Radiology Instruments
- 4. Intensive Care & Dialysis Instruments

Declaration by the Candidate

1. I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief.
2. I have read the SIU prospectus and the admission procedure and I shall abide by them. In the event of suppression or distortion of any fact made in the application form, I understand that I will be denied the opportunity to be admitted to SIU and my admission will stand cancelled. I also understand that the decision of SIU regarding my admission will be final and binding to me.
3. I understand that ignorance of rules cannot and will not absolve me of my duties and responsibilities.
4. I undertake to abide by the rules and regulations of the University
5. I am aware of University policy towards ragging and punishment to which I am liable if found guilty of ragging.
6. I am aware that Symbiosis International University does not accept any donation or Capitation fees. I declare that I have not paid any sum of money to anyone, within or outside Symbiosis International University for any unfair gratification. Should any such incident come to the notice of the authorities of SIU, I understand that my admission shall be cancelled at any stage of the programme and no refund of fees would be permissible.

Place: _____

Date: _____

Signature of the Parent

Signature of the Candidate

OFFICIAL USE

P.R.No: _____

Coordinator,
 Medical Technology,
 SIHS

Administrative Officer,
 SIHS

Deputy Director-Academics,
 SIHS

Director,
 SIHS