



# SANJIVANI HEALTH CARE SKILL EDUCATION INSTITUTE

RUN BY - J. ASSAM CHARITY T.R.D N.O: 2024/IGR021/4/99



[www.sanjivaniinstitute.in](http://www.sanjivaniinstitute.in)

AFFILIATED TO WELLBEING INITIATIVE



[www.wellbeinginitiative.in](http://www.wellbeinginitiative.in)

## Admission Form

Form no:

**Note:** Please read the form carefully before filling it. Attach require documents as mentioned in educational qualification result/score of qualification examination. Incomplete application will be rejected.

Affix your passport size photograph

Institute/Academy Address: \_\_\_\_\_

## PERSONAL INFORMATION

SESSION:  -

Full Name :	<input type="text"/>		
Date of Birth :	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Gender :	<input type="text"/>
Email :	<input type="text"/>	Nationality :	<input type="text"/>
Phone No :	<input type="text"/>	Religion :	<input type="text"/>
Marital Status:	<input type="text"/>	WhatsApp No :	<input type="text"/>
Category :	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> OTHERS <input type="checkbox"/>		
Full Address :	<input type="text"/>		
District :	<input type="text"/>	P.O :	<input type="text"/>
P.S :	<input type="text"/>	Pin :	<input type="text"/>

## FAMILY DETAILS

Parents Name	Occupation	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## COURSES DETAILS:

Course Type :	<input type="text"/>
Course Name :	<input type="text"/>
Course Duration :	<input type="text"/>

## EDUCATION QUALIFICATION:

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Examination Passed	Name of school/college/ University	Year of Passing	Subject Studies	Percentage

### **Note:**

All documents must be self attested.

## PAYMENT DETAILS

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Date	Receipt No	Amount	Payment Mode

BPL Card No :

Admission Date :

Signature of Receiver

Signature of Candidate

## **RULES & REGULATIONS**

1. The fees paid are non-refundable and non-transferable under any circumstance.
2. Failure to pay fees by due date shall result in imposition of fine.
3. The admission of a candidate shall be cancelled if it is found that the admission has been secured on the basis of furnishing false documents / incorrect information to the institute.
4. Student is required to inform the institute about any changes in his/her contact details including permanent address, email id at any point of time.
5. The institute reserves the right in make any changes/ amendments to rules and regulation of admission.
6. The institute reserves the right in make any changes/ amendments to rules and regulation of admission.
7. A candidate found including in drug, abuse, violence or improper behavior and who does not adhere to the rules and regulation as are relevant from time to time, will face disciplinary action and he/she may be rusticated depending on the recommended action of the disciplinary committee.
8. The institute will display important notices pertaining to fees payment, examination dates, projects, seminars, guest lectures etc from time to time on the notice board. Students are advised to read the notice board regularly as no excuse of non compliance shall be entertained.
9. Emergency leave will be granted only on medical grounds for which a medical report must be presented to the office , students can take leave according to the "Holiday List".
10. If the student absents the class without any reason, then the student has to pay a fine of 10 rupees per class absent.

### **Declaration**

By student

I \_\_\_\_\_ son/ daughter of \_\_\_\_\_ have read & hereby certify that the information given in the application is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **DOCUMENTS ATTACHED**

<input type="checkbox"/> 10 <sup>th</sup> Mark Sheet	<input type="checkbox"/> Certificate
<input type="checkbox"/> 12 <sup>th</sup> Mark Sheet	<input type="checkbox"/> Certificate
<input type="checkbox"/> UG Mark Sheet	<input type="checkbox"/> Certificate
<input type="checkbox"/> PG Mark Sheet	<input type="checkbox"/> Certificate
<input type="checkbox"/> Photo	<input type="checkbox"/> ID Proof (Adhar Card)
<input type="checkbox"/> BPL Card	

### **Undertaking:**

1. I \_\_\_\_\_ (Name), bind myself to abide the institute's rules and is as per details given below.
2. To be punctual in the class and the activities related to my course.
3. I will not indulge my self in any from of teasing or any other activities, which may harm the reputation of institute.
4. I am not registered in any other regular course of any other institute.
5. I am not employed by any government or non-government organizations.
6. I will seek approval of the institute before joining any other part time/online/distance mode courses during the period of my study at the institute.
7. I have understood the fee structure and I am also aware that fee once paid is not refundable.
8. I will maintain minimum 75% attendance as per attendance policy.

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

**ABOUT :** SANJIVANI HEALTH CARE SKILL EDUCATION INSTITUTE is a job role training course provider institut affiliated to the Wellbeing Initiative. Our job role training courses helps people acquire skills to improve their employment or self employment opportunities. We provide suitable environment with quality education for all people.

- Job role training course duration is one year six month internship