

Manager

## SAI APPOLLO EDUCATIONAL INSTITUTION

(AN AUTONOMOUS ORGANIZATION UNDER CENTRAL GOVERNMENT ACT FOR PROVIDING EDUCATION PROMTION IN THE FIELD OF ARTS, SCIENCE TO TECHNICAL, PARAMEDICAL UNDER 1860 SR ACT SEC (8) & 22 GOVT. OF INDIA)

NATIONAL OPEN INTERNATIONAL UNIVERSITY FOR ALTERNATIVE MEDICINE MAHATMA GANDHI UNIVERSITY (UNIT OF PEOPLE SERVICE TRUST) Affix or Enclose (UNIT OF PEOPLE SERVICE TRUST REG NO: TN70/2007) No.8 & 9, 1st Floor, 100 Feet Road, Sundara Raja Nagar, (Opp, Aravindh Chand Ceremics) Puducherry. STUDENT **PONDICHERRY** PANRUTI ULUNDURPET TITTAGUDI **VEPPUR** PASSPORT PHOTO APPLICATION FORM ADMISSION (To be filled block letters) STUDENT INFORMATION Name of the Student : \_\_\_\_\_\_ Qualification:-Gender : Male Female 10th Pass 12th Pass Date of Birth: \_\_\_\_\_ Age: Diploma Graduate Nationality: \_\_\_\_\_\_ Post Graduate Other Religion: Urban Student belongs to: Rural Category: \_\_\_\_ (SC/ST/MBC/OBC/Gen) Do you need Transport Facilities: Yes No PARENTS INFORMATION **DETAILS FATHER MOTHER GUARDIAN** Name Occupation **Annual Income** PERMANENT ADDRESS (with Phone Number) **CONTACT ADDRESS** (with Phone Number) **DECLARATION** (with Phone Number) I \_\_\_\_\_ do here by declare that the Particulars furnished above ture to the best of my knowledge and I also declare that i will abide by the Rules and Regulations which are in Force. I do accept the fees once paid cannot be refunded. Place: Signature of the Parent / Guardian Signature of the Student Date FOR OFFICE USE Name of this Student : \_\_\_\_\_\_ Encl : 1. \_\_\_\_\_\_

FOR OFFICE USE

Name of this Student : \_\_\_\_\_ Encl : 1.

Course Admitted : \_\_\_\_\_ 2.

Original Certificates : \_\_\_\_\_ 3.

Verified \_\_\_\_\_ Admit in the Course

Managing Trustee / Principal