

Sr. No.: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

# sasmira

THE SYNTHETIC & ART SILK MILLS' RESEARCH ASSOCIATION  
*Centre for t-excellence*  
(Since 1950)

Photograph

## APPLICATION FORM FOR ADMISSION

1. Courses applied for :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. Name (BLOCK LETTERS) \_\_\_\_\_ Surname \_\_\_\_\_ Name \_\_\_\_\_ Father's name / Husband name \_\_\_\_\_

3. Sex: Male  Female

4. Marital Status: Single  Married

5. Addresses for Correspondence: \_\_\_\_\_

Tel. No. Res. : \_\_\_\_\_ Off. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

6. Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_

7. Place of Birth : \_\_\_\_\_ Taluka : \_\_\_\_\_ District : \_\_\_\_\_ State : \_\_\_\_\_

8. Nationality : \_\_\_\_\_

9. Summary of Educational Qualifications (SSC onwards):-

Examination Passed	Year of Passing	Board / University	Total Marks Obtained	Max.Marks (out of)	%
S.S.C.					

10. Domiciled in State of: \_\_\_\_\_

11. Blood Group : \_\_\_\_\_ Rh \_\_\_\_\_

12. Name of the Father / Guardian : \_\_\_\_\_

13. Relationship with Guardian : \_\_\_\_\_

14. Permanent Address : \_\_\_\_\_

Pin Code : \_\_\_\_\_

15. Father's / Guardian's occupation (Profession): \_\_\_\_\_

Name of Establishment (Employer) : \_\_\_\_\_

Address : \_\_\_\_\_

Dept. : \_\_\_\_\_

Designation : \_\_\_\_\_ Tel. No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_ E-mail ID : \_\_\_\_\_

## DECLARATION BY THE CANDIDATE

I hereby declare that

- (a) I have read the instructions carefully and after understanding the same that I have filled in this form for admission.
- (b) The information given by me in my application is true to the best of my knowledge and belief.
- (c) I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India.
- (d) I fully understand that the Principal of the Institute will have full liberty to take any disciplinary action against me for any infringement of the rules of Conduct and Discipline.
- (e) I understand that if any statement made in this application form or any information supplied, at any time is found to be false or incorrect, I shall not be considered for admission, and, if admitted, my admission will be cancelled and fees forfeited.
- (F) For any type of mishap, accident or untoward incident that may happen during the course of the studies, the Institute will not be held responsible. I will take all the precautions to take care of my physical safety and the safety of my belongings.

Place \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate)

## DECLARATION TO BE SIGNED BY THE CANDIDATE'S FATHER / GUARDIAN

I do hereby declare that

- a. The particulars furnished by my ward in this application form are correct to the best of my knowledge.
- b. I shall undertake all steps to ensure proper discipline and conduct of my ward, in the Institute, if admitted.
- c. My ward is physically and mentally fit to undergo the training of the course.
- d. For any type of mishap, accident or untoward incident that may happen to my ward during the course of the studies, the Institute will not be held responsible. S/he will take all the precautions to take care of her/his physical safety and the safety of her/his belongings.
- e. I undertake and bind myself to pay on behalf of my ward such fees and charges etc. which the Institute may levy from time to time by due date and in the event of failure on my part and / or the part of my ward the Principal of the Institute may take such action against my ward as he may deem fit.

Place \_\_\_\_\_

Name of the Father / Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

\* Note: Application form must be accompanied with DD of Rs.250/- drawn in favour of "SASMIRA" payable at par at Mumbai. The application form and the prospectus will be sent at the applicants declared residential address.

### Acknowledgment receipt [To be filled and retained by the candidate]

Name of the Candidate :

Courses applied for

Date :

Form No. :

Receipt No. :

Signature of  
the receiver