SIHPPS

NIOS/VOUSE AFFILIATED & NCT.GOVT.OF DELHI REGD.PARAMEDICAL INSTITUTE
C-79/6, Om Nagar, Meethapur, Badarpur New Delhi, Tel No: +919910153148, +919968009198
Telefax:+911126668884Email: dihpdelhi@yahoo.com, info@dihpdelhi.org Website: www.dihpdelhi.org

APPLICATION FORM FOR STUDY CENTRE

REGION APPLIED FOR-

To,
The Director
SIHPPS, New Delhi-110044
Sir, Please Authorise me as a Student Information Center (SIC) of Simpathy Institute of Homoeopathic Pharmacy & Paramedical Sciences, New Delhi-44.I have already read the instruction/rules and Acts/Information's of the Institution We shall go through in future. We are giving all details about ourselves.

1. Details of the Institution Owner/Director

Name of the Owner	
Fathers Name	
Date Of Birth	
Residential Address	

2. Details of the Institution

Name of the Institution	
Society/Trust/Firm/Company	
Year of Establishment	
Working(in the field of)	
Working Location(State)	

3. Postal Address

Address	
District	
State	
Country	
Pin code	

4. Official Address

Address	
District	
State	
Country	
Pin code	

5. Communication

STD/ISD Code																								
Phone No(Office)																								
Phone No(Home)																								
Fax No																								
Mobile																								
E-mail																								

6. Premises Details

Owned/Rented/Lease																								
Total Carpet Area																								
Total Area(Sq Feet)																								
Road Connectivity																								
Internet Connection																								
Transports																								

7. Infrastructural Details

S.no	Infrastructure	Units	Area (Sq. Ft.)	Seating Capacity
1	Training/ Class Rooms			
2	Computer Laboratory			
3	Library			
4	Reading Room/ Conference Room/ Auditorium			
5	Administrative Area/ Counseling Rooms			
6	Audio Visual Room			
7	Faculty Room			
8	Service Area - Toilets etc.			
9	Other			

8. Teaching & Non-Teaching Staff Details

Enclose separate List of all Faculty Members & Non-Teaching Staff Members in following format:

Name | Father's Name | Date of Birth | Sex | Academic Qualification | Professional Qualification | Experience (Teaching & Non-Teachingboth) | Level of Association (Full Time/ Part Time/ Visiting Faculty) | Key Skills

9. Detail of Courses that you are interested

Sr.No.	Proposed course	Expected No. of Admission	Sr.No.	Proposed course	Expected No. of Admission
1			6		
2			7		
3			8		
4			9		
5			10.		

10. Detail of Authorization Fee Remittance (Rs. 25,000/-):

Authorisation Fee for 3 (Three) years: Rs. **25,000/-** (Refundable) in favour of "SIMPATHY" payable at New Delhi.

Demand Draft No	Date	Bank	Issuing Branch

DECLARATION

We certify that the particulars furnished above or in the preceding pages are true to our best of our knowledge and express our willingness for an inspection to assess the infrastructural facilities, qualified staff etc. We further certify that the institute will abide by all the rules and regulations prescribed by SIHPPS. We are ready to work under the supervision of the Network Advisor of the SIHPPS New Delhi Office. In case of any information furnished by us is found wrong or incomplete in any regard, we shall be the responsible authorities for any decision taken by SIHPPS NEW DELHI.

Signature of the Administration Head and Seal

Signature of the Academic Head and Seal

For office Use only Acknowledge

SIHPPS

NIOS/VOUSE AFFILIATED & GOVT.OF NCT DELHI REGD.INSTITUTE

NIOS/VOUSE AFFILIATED & NCT.GOVT.OF DELHI REGD.PARAMEDICAL INSTITUTE

Name of Institution ----------

Address----------

We Received the Application form with Fee of Rs. ----------**in advance through Cash/ Demand Draft/ Money**

Transfer No----------**Bank**----------**Date**----------

Office Superintendence **Seal** **Accountant**