



# SIHPAPS

**NIOS/VOUSE AFFILIATED & NCT.GOV.T OF DELHI REGD.PARAMEDICAL INSTITUTE**

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## EXAMINATION FORM

SEMESTER-

ROLL NO-

STUDY CENTRE-

COURSE																		<div style="border: 1px solid orange; padding: 5px; text-align: center;">           Paste Recent  Passport Size  Photo of the         </div>	
NAME OF APPLICANT'S																			
FATHER'S/HUSBAND NAME																			
MOTHER'S NAME																			
DATE OF BIRTH																			
NATIONALITY																			
POSTAL ADDRESS																			
ENROLLMENT NO																			

- I, hereby declare that the particulars given above are true and Correct to the best of my knowledge. I have filled up this application after reading all the instructions in the Prospectus carefully. I am aware that I am liable to be punished by expulsion from the College and hostel for Willful suppression or miss statement of facts.
- I accept it as my career and have complete knowledge about course and also No objection about Rules and Regulations of Institute.
- I am seeking voluntary Admission in **SIHPAPS, New Delhi-44** Courses for Knowledge / start self-Employment in this field and also giving promise to deposit all dues before Conduction of Examination within time.
- Send your Examination Fee in advance through Cash / Demand draft no-----Amount of ----- Bank-----dated-----through Speed Post/Regd. Post/Courier or Transfer your fee in account of **SIMPATY NEW DELHI** Account no **3976002100006387** (IFS CODE –PUNB 0751200) Punjab National Bank Badarpur New Delhi.
- I do undertake to abide by the rules and regulations of the Simpaty Institute of Homoeopathic Pharmacy & Paramedical Sciences, New Delhi-44 that are in force and framed from time-to-time.

Principal

Examination In charge

Signature of Candidate