



# SIMPATHY

## Institute Of Homoeopathic Pharmacy & Paramedical Sciences

C-79/6,Om Nagar, Badarpur, New Delhi-44,Tel.No:7303818819

Telefax-+91-011-26668884, E.mail-admission@simpathy.org

www.simpathy.org

### ADMISSION FORM (NOT TRASFERABLE)

To,

**The Director**

Sir,please enroll me and I would be happy as a student of Simpathy Institute of Homoeopathic Pharmacy & Paramedical Sciences New Delhi -44 and I wish to contribute the health system.

Paste Recent  
Passport Size  
Photo of the  
Trainee

**Course Name**

--Select Course Name--



**Name of Applicant**

**S/O,D/O,W/O**

**Mother's Name**

**Date of Birth**

**Gender**

--Select Gender--



**Religion**

**Cast**

 

**Nationality**

**Mobile No**

**Parents Mobile No**

**E-mail**

**Postal Address**

**State**

**City**

**Pincode**

**EDUCATIONAL QUALIFICATION:**

S.NO	EXAMINATION	BOARD/UNIVERSITY	YEAR	SUBJECTS	% OF MARKS
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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- Upload Below Documents** (1) *Your Picture*  No file chosen
- Upload Below Documents** (2) *10th Marksheet*  No file chosen
- Upload Below Documents** (3) *12th Marksheet*  No file chosen
- Upload Below Documents** (4) *Adhar Card / Voter ID*  No file chosen
- Upload Below Documents** (5) *Scan Signature*  No file chosen

### ***DECLARATION BY CANDIDATE***

**1. 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 misstatement of facts.**

**2. I accept it as my career and have complete knowledge about course and also no objection about Rules and Regulations of Institute.**

**3. I am seeking voluntary admission in Simpathy Institute in Homoeopathic Pharmacy & Para medical Sciences New Delhi-44 Courses for Knowledge /Certification /start self-Employment in this field and also giving promise to deposit all dues before Conduction of Examination within time.**

**4. I am responsible for all disputes, Institute will not responsible for any kind of legal or illegal disputes.**

**5. During completion of course I have gone through all the rules and regulation of Institute and any loss of institutional property due to me; institute is right to recover itself.**

**6. I do hereby affirm and declare that information true and correct to the best of my knowledge and belief and nothing has been concealed there form. I also that the event of wrong information my candidature may be liable to be cancelled.**

**I AGREE & PAY NOW**