

SAMRIDDHI Institute of Health & Technology

SAMRIDDHI EDUCATIONAL & BENEVOLENT TRUST

Kancharapara Haringhata Road, Mohanpur, Nadia - 741252
Call Us: 9832054141 ❖ E-mail: samriddhicollegeofeudcation@gmail.com

ADMISSION FORM

	ADII						
DETAILS OF STUDE	NT:						
Full Name :	notes:						
Address :					=i		
Post Office :		P. S.					
District :		Pin :					
Date of Birth : Day / Mi	onth / Year Gender:	Male	Female C	ast : GN	OBC SC	ST	
Religion :	Mother Tongue	: -	1117-20	D No. :	FE-178 US		
Phone No. :	IF 144 900 PP 1 TH 1 III 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	mail ID :	anna anna an a			
GUARDIAN / PAREN	T DETAILS :		1.14			151	
Father's Name :							
Occupation : Phone No. :			Email ID :				
Mother's Name :				a is			
Occupation : Phone No. : Email ID :							
Guardian Name :						17	
Relation :	PRODUCTION OF THE PRODUCTION O						
	(PATRIAR ADVIOLATION)		nation Last Pas		Manda (0/)	Di di di	
Examination Passed	Board / University	Year	Stream	Institution	Marks (%)	Division	
10th Standard							
12th Standard							
Graduation							
Post Graduation							
Professional Course (If Any)							
Extra Curricular Activiti	es & Interest :	221					
PROFESSIONAL EXP	PERIENCE (If Any):						
Company Name :							
Address :		- 11	11150				
Phone No. :	Email ID :						
Designation :			Duration :				

SAMRIDDHI Institute of Health & Technology

HOW DID YOU C	OME TO KNOW ABOUT OU	R INSTITUTION?							
News Paper	Friends	Social Media	Facebook	Instagram					
Notification	Coaching Centre	Poster							
Google Search	Mail	SMS							
Hoarding	Call Letter	Others							
TERMS AND CO	NDITIONS:								
Admission will be n	nade only after completion of writter	test, group discussion ar	nd interview.						
	nould be made on or before the pres			hich admission					
 Amount one paid circumstances. 	Amount one paid towards admission/program fees is neither refundable nor transferable under any circumstances.								
 All candidates are force from time to to 	required and expected to follow the ime.	e code of conduct, rules	and regulations of t	he Institution in					
	mic dishonesty, misconduct, indisony students will be considered/treated/IRIDDHI.								
 The candidate must fulfill all academic requirements notified by the Institution authorities from time to time. 									
 Misleading information or misrepresented facts will disqualify the applicant from admission into SAMRIDDHI. 									
 SAMRIDDHI reser 	ves the right to amend the rules at a	ny given point of time.							
 In case of discont semester fees. 	tinution of course in between under	er any circumstances, th	e student will have	to pay all the					
	the sole discretion to alter or charsonal interview and pattern of the ac								
 Jurisdiction for all c 	disputes (if any) relating to the SAMF	RIDDHI is Kancharapara,	Nadia, West Benga	l, India.					
DECLARATION :									
	Documents Submitted (Only True Copy Allowe	ed)						
Admit 0	Card Mark Sheet Certific	cate 🗌 SLC 🗌 Aadha uardians Aadhar Card	(C.						
	declare that, all the statements furn lone through all the Rules, Regulat nem.								
Note: Fees once paid	d, is neither refundable nor adju	stable, by any means.							
Place : D	Date : Student's Sign	nature :	Parent's Signature :						
FOR OFFICE USE	EONLY:								
Amount Received : Re	s. Mode of Paymer	nts 🗌 Sem 🗌 Yly [One Time						
Student's Signature :	Parent's Signature :	Mon	ey Receipt No. :						
Total Course Fees :	Ref.:								
	Signature :			;= ±					