

South Asian Institute of Technology and Medicine

SAITM ADMISSION FORM A. Personal Details TITLE: Mr. Other (Please tick) Mrs. Miss. NAME IN FULL: (BLOCK LETTERS) **FACULTY COURSE NAME** Part Time Full Time DD MM YYYY DATE OF BIRTH: NATIONALITY: POSTAL ADDRESS PERMANENT ADDRESS No. and Street: City/Town: District: Province: Country: NIC/PASSPORT NO: MOBILE PHONE NO: HOME PHONE NO: E-MAIL ADDRESS: B. Academic Qualification (Secondary School) G.C.E. ADVANCED SCHOOL ATTENDED: LEVEL RESULTS NO **SUBJECT RESULTS (GRADE)** YEAR: Index No: Z score LOCAL **FOREIGN** ANY OTHER EDUCATIONAL QUALIFICATION

C. Family Details		
FATHER'S NAME:		
TELEPHONE NUMBER:	Mobile:	Land:
OCCUPATION:		
MOTHER'S NAME:		
TELEPHONE NUMBER:	Mobile:	Land:
OCCUPATION:		
D. Additional Information HOW DID YOU COME TO KNOW COURSE FEE PAYMENT METHOR	ABOUT SAITM?	INSTALLMENTS
SIGNATURE OF THE APPLICANT DATE		
BATCH NUMBER: STUDENT REGISTRATION NUMBER:		
PAYMENT DETAILS		DOCUMENTS SUBMITTED
REGISTRATION FEE Rs. COURSE FEE Rs. DISCOUNT RATE DISCOUNT AMOUNT Rs. TOTAL FEE Rs.		G. C. E. O/L CERTIFICATE G. C. E. A/L CERTIFICATE NIC/PASSPORT COPY OTHER CERTIFICATES
DISCOUNT AUTHORIZATION:		
AUTHORIZED BY:		
SIGNATURE	D	DATE
SIGNATURE OF ADMINISTRATION	ON OFFICER	DATE