

# SOUTH ASIAN INSTITUTE OF TECHNOLOGY AND MEDICINE (SAITM)



## REGISTRATION FORM

01. TITLE:  Mr.  Mrs.  Miss.  Other  (Please tick)

02. NAME IN FULL:  
(BLOCK LETTERS)

03. FACULTY

04. COURSE NAME   
Full Time  Part Time

05. DATE OF BIRTH: DD MM YYYY

06. NATIONALITY:

07. POSTAL ADDRESS

08. PERMANENT ADDRESS

09. NIC/PASSPORT NO:

10. HOME PHONE NO:  MOBILE PHONE NO:

11. E-MAIL ADDRESS:

12. G.C.E. ORDINARY LEVEL RESULTS:

NO	SUBJECT	RESULTS (GRADE)

SCHOOL ATTENDED:

YEAR:

SCHOOL ATTENDED:

13. G.C.E. ADVANCED LEVEL RESULTS:

NO	SUBJECT	RESULTS (GRADE)	YEAR:
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14. WHOM DID YOU CONTACT ? : Mr./Ms./Other

Name of the Marketing Executive :

15. HOW DID YOU COME TO KNOW ABOUT SAITM?

16. COURSE FEE PAYMENT METHOD: FULL PAYMENT

INSTALLMENTS

.....  
SIGNATURE OF THE APPLICANT

.....  
DATE

**FOR OFFICE USE ONLY**

BATCH NUMBER:

STUDENT REGISTRATION NUMBER:

**PAYMENT DETAILS**

REGISTRATION FEE  Rs.

COURSE FEE  Rs.

DISCOUNT RATE

DISCOUNT AMOUNT  Rs.

TOTAL FEE  Rs.

AMOUNT PAID ON REGISTRATION  Rs.

**DOCUMENTS SUBMITTED**

G. C. E. O/L CERTIFICATE

G. C. E. A/L CERTIFICATE

NIC/PASSPORT COPY

OTHER CERTIFICATES

**DISCOUNT AUTHORIZATION:**

AUTHORIZED BY:

SIGNATURE

DATE

.....  
SIGNATURE OF ADMINISTRATION OFFICER

.....  
DATE