SWEEKAAR
ACADEMY OF REHABILITATION SCIENCES
UPKAAR COMPLEX, UPKAAR JUNCTION, SECUNDERABAD - 500003

APPLICATION FORM FOR ACADEMIC YEAR _____

Affix your recent passport size colour photograph not older than 3 months

Do not pin or staple

- Use only BLACK or BLUE pen to fill up the form.
- Fill the form in English using CAPITAL letters, except for signature
- Before filling the form see the Annexure
  Download Application Form From RCI Website For All Diploma Courses

DD No : _____ DRAWN ON : _____

DATE : _____ AMOUNT IN Rs: _____

Course Code ☐☐☐ Centre preference (Indicate the order of preference; applicable for B.Sc. (ASLP) only) ☐ 1st ☐ 2nd ☐ 3rd

Course Name _____
(Apply separately for each course)

Social Status (TICK) if applicable : SC / ST / BC-A /B / C/ D / E / OBC / OC / Minority, Sub Caste: _____ Blood Group : _____

Area : Local / Non Local Nationality / Religion: _____ Marital Status : Married / Unmarried _____

NAME OF THE APPLICANT

DATE OF BIRTH ☐☐ ☐☐ ☐☐ DATE MONTH YEAR

GENDER (TICK) ☐ MALE ☐ FEMALE

IDENTIFICATION MARKS:
1. _____
2. _____

NAME OF THE FATHER / GUARDIAN

OCCUPATION

PLACE OF WORK

ADDRESS FOR CORRESPONDANCE (DO NOT REPEAT NAME)

PIN CODE

AADHAAR NO.

STD CODE | **TELEPHONE NUMBER** | **MOBILE NUMBER**

EMAIL ID

EMAIL ID OF FATHER / MOTHER / GUARDIAN (TICK ANYONE)

DETAILS OF EDUCATIONAL QUALIFICATIONS :-

NAME OF THE QUALIFYING EXAM	NAME OF THE UNIVERSITY / BOARD	YEAR OF PASSING	SUBJECTS	PERCENTAGE OF MARKS	MEDIUM
10TH EQUIVALENT					
10 + 2 EUUIVALENT					
GRADUATION					
POST GRADUATION					
DIPLOMA					
OTHERS					

DECLARATION:

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read and understood all provisions of admissions and agree to abide by them. I also affirm that I fulfil the eligibility requirements for the course/s applied, In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of any facts like educational qualification, marks, nationality etc. I understand my admission / degree is liable for cancellation. Further, I know,

i) My admission is purely provisional subject to the verification of the eligibility conditions

ii) **Cheque/DD should be in the favouring name of "Sweekaar Academy of Rehabilitation Sciences".**

iii) These professional courses must be pursued continuously and training cannot be discontinued in between

iv) If I discontinue within one month from the date of commencement of classes 50% of the yearly fee will be deducted and originals will be returned. If I discontinue after one month my originals will not be returned unless I pay the entire course fee (all years)

v) All the students must abide by the Institute Rules, Regulations, Policies and Guidelines as may be modified by the Institute administrative department from time to time. The Institute reserves the right to change the Rules & Regulations any time without notice to the students / parents / guardians.

SIGNATURE OF THE APPLICANT

LEFT THUMB IMPRESSION OF THE APPLICANT

DATE:

PLACE: