



Sri **SAI RAM MEDICAL COLLEGES**  
(For Siddha, Ayurveda and Homoeopathy)  
**Sai Leo Nagar, West Tambaram, Chennai – 600 044.**  
[www.saimedical.com](http://www.saimedical.com)

**REGISTRATION FORM** (2007-08)

1. Name of the Applicant : \_\_\_\_\_  
(BLOCK LETTERS)
2. Address with Pin code : \_\_\_\_\_  
\_\_\_\_\_
3. E-mail : \_\_\_\_\_
4. Phone No. with STD Code 

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5. Sex :  Male  Female
6. Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 Age \_\_\_\_\_
7. Community 

OC	BC	MBC	SC	ST
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 Caste: \_\_\_\_\_
8. Parent's / Guardian's Name : \_\_\_\_\_
9. Qualifying Exam : HSC / CBSE Others \_\_\_\_\_
10. Course Applied for : BSMS / BAMS / BHMS
11. Course Last Studied : \_\_\_\_\_
12. Name of the School Studied : \_\_\_\_\_
13. Extra curricular Activities : Sports /NSS / NCC Others \_\_\_\_\_

Signature of the Parent/Guardian  
Date:  
Place:

Signature of the Applicant

"Admission Officer": "Sai Nivas" #103, Bazullah Road, T.Nagar, Chennai -6000 17,  
Phone: +91-44-2814 3787/1201/1872/0598 Fax: +91-44-2814 0170  
[www.sairamgroup.in](http://www.sairamgroup.in)

Note: Filled in registration form should reach Admission officer.