

APPLICATION No. REGISTER No. 

VIVEKANANDHA MEDICAL CARE HOSPITAL

ELAYAMPALAYAM - 637 205, TIRUCHENGODE (Tk),
NAMAKKAL (Dt), TAMILNADU.

**APPLICATION FORM FOR ADMISSION TO
UG COURSE FOR THE ACADEMIC YEAR 20 - 20**

AFFIX YOUR
PASSPORT SIZE
PHOTO HERE

Allied Health Science Courses
(Affiliated to the Tamilnadu Dr. M.G.R. Medical University)

<input type="checkbox"/> B.Sc. Radiology & Imaging Technology	<input type="checkbox"/> B.Sc. Accident & Emergency Care Technology
<input type="checkbox"/> B.Sc. Cardiac Technology	<input type="checkbox"/> B.Sc. Operation Theatre & Anaesthesia Technology
<input type="checkbox"/> B.Sc., Physician Assistant	<input type="checkbox"/> Diploma in Optometry Technology

1.	NAME
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2	DATE OF BIRTH	D	D	M	M	Y	Y	3	AGE	4	NATIONALITY	5	RELIGION
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6	COMMUNITY	SC/SCA/ST	MBC	BC/BCM	OC	7	CASTE
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8	NAME OF THE PARENT/GUARDIAN	9	OCCUPATION
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10	PERMANENT ADDRESS
Phone :	with STD code PIN

11	COMMUNICATION ADDRESS
Phone :	with STD code PIN

12. Mobile No. :

E-mail ID :

13. State Whether Hostel accommodation is required or not :

Yes / No

14. Name & Location (District) of School last studied :

15. Last Studied : Academic / Vocational

Board of Study :

Subject	Marks Obtained	Maximum Marks	Month & Year of Passing	Reg. No.	No. of Attempts
PART I : Tamil / Malayalam / Hindi					
PART II : English					
PART III :					
1.					
2.					
3.					
4.					
TOTAL					

JOINT DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

I hereby solemnly affirm that the particulars furnished by me in this application are true. The certificates submitted by me are genuine. If found false or bogus on verification, I am aware that I will be liable for criminal prosecution and as deemed fit for any other action. Further I state that I will not indulge in ragging during the course of my study in this institution in any manner both in college and hostel. I am aware that in the event of involving in ragging, I will be put in punitive action even upto removal from the college and hostel. If admitted to the College, I agree to observe all the Rules and Regulations of this College and to pay all fees and charge assessed there under. If I am found not adhering to the above mentioned Rules of discipline and code of conduct, I shall loose the privilege of continuing as a student of the College.

I accept the decision of the Tamil Nadu Dr. M.G.R. Medical University, regarding the eligibility criteria for admission to Allied Health Science Courses.

Signature of the Parent / Guardian

Signature of the Applicant

Date :

Place :

CERTIFICATES VERIFIED :

FOR OFFICE USE

ADMITTED

SSLC MARKS	HSC/PDC MARKS	TRANSFER
COMMUNITY	MIGRATION	SPL CATEGORY

NAME & SIGNATURE OF THE STAFF WHO
PROCESSED THE APPLICATION } :

Principal