



**Qualification Details:**

Education	Board	Institution Name with District	Month & Year of passing	Total marks	percentage

**DECLARATION:**

All entries made in the application form are true to the best of my knowledge and belief. I am willing to produce original certificates on demand at any time. I also undertake that I shall abide by the rules and regulations of Vadamalayan Institute of Paramedical Sciences and the Alagappa University.

Place :

Signature of the Applicant

Date :

**UNDERTAKING:**

I .....father/mother/guardian of.....  
do here by accept responsibility for good conduct of my son/daughter/ward during the entire period of the course, both inside and outside the campus.

Place :

Signature of Parent/Guardian

Date :

**Note: Kindly enclose the following certificate photo copy along with filled application.**

- |                                  |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| 1) SSLC, HSC and U.G. mark sheet | <input type="checkbox"/> | 4) Community Certificate | <input type="checkbox"/> |
| 2) UG Transfer Certificate       | <input type="checkbox"/> | 5) Aadhar Card           | <input type="checkbox"/> |
| 3) U.G.Provisional Certificate   | <input type="checkbox"/> |                          |                          |

Application fee payment Details : 1) Demand Draft / NEFT Transaction details	
DD No. / NEFT Reference No	
Date	
Reference Name	
Name of the Bank	

**FOR OFFICE USE ONLY**

Date of interview

**SELECTED**

**NOT SELECTED**

Candidate has been offered admission in **M.B.A. (Health Service Management)** Course of the batch

\_\_\_\_\_ commencing on \_\_\_\_\_.

**Signature of the Principal with Seal**