



**VADAMALAYAN INSTITUTE OF PARAMEDICAL SCIENCES**  
 #15, Jawahar Road, Chokkikulam, Madurai – 625 002  
 In Collaboration with the Alagappa university, Karaikudi.Tamil Nadu, INDIA.  
 (Centre Code : 745)  
 Phone: 0452- 2545491, 7708259595  
 Email ID: [paramedical@vadamalayan.org](mailto:paramedical@vadamalayan.org); Website: [www.vadamalayan.org](http://www.vadamalayan.org)



**APPLICATION FORM**

- MBA- Health Service Management
- CNA - Certificate in Nursing Aide

**Affix your latest passport size photograph here**

Application No: #####

**INSTRUCTIONS**

1. The requested details are to be filled in **BLOCK LETTERS** and in the candidate's own handwriting neatly and legibly.
2. Please **enclose photo copies of mark sheets & certificates** along with this form.
3. All Original Certificates should be produce only at the time of admission.

**Personal Data:**

1.Name (As per your certificate)

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2. Date of Birth :

D	D	M	M	Y	Y	Y	Y
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3. Sex / Gender

M	F
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3.1 Marital Status

Single	Married
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4. Nationality :  5. Religion :  6. Blood Group:

7. Community:  Community Certificate No.

8. Father Name : 

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Father Profession :  Annual Income Rs.

9. Mother Name : 

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Mother Profession :  Annual Income Rs.

10. Present Address with Pin Code	Permanent Address with Pin Code

11. Mobile No.:  12. Landline No.:

13. Email Id (Candidate) :

**14. 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 / HSC 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) / CNA (Certificate in Nursing Aide)** Course of the batch \_\_\_\_\_ commencing on \_\_\_\_\_.

**Signature of the Principal with Seal**