*	VADAMALAYAN INSTITUTE OF PARAMEDICAL SCIENCES
	#15, Jawahar Road, Chokkikulam, Madurai (625 002), Tamil Nadu, INDIA.
	Accredited to : NATIONAL INSTITUTE OF OPEN SCHOOLING (NIOS) & NDIAN MEDICAL ASSOCIATION (IMA)
SYMBOL OF CARE & TRUST	(AVI NO: 690077)



Affix your latest

passport

size

photograph

here

### **APPLICATION FORM**

Phone:0452-2545491,7708259595 Email ID: paramedical@vadamalayan.org; Website: www.vadamalayan.org

# **INSTRUCTIONS**

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

### **Courses Offered**

Code No.	Course Name	Kindly mention any one course code	
471-473	Diploma in Medical Imaging Technology	<b>number</b> in the option	
		Option :	
474-477	Diploma in Medical Laboratory Technology		
		Note : The option you have selected would be given the first preference.	

## **Personal Data:**

1.Name (As per your certificate)

2. Date of Birth : 3. S		nder	3.1 Marital Status	
D D M M Y Y Y Y	M	Single	Married	
(The candidate should have comp before 31st December of the year		the time of admiss	sion or should complete the age on o	
4. Nationality :	5.Religion :		6. Blood Group:	
7. Community:	Community Certificat	e No.		
8. Father Name :				
Father Profession		Annual Incom	ne Rs.	
9. Mother Name :				
Mother Profession :		Annual Incom	ne Rs.	
10. Present Address v	vith Pin Code	Permanent Address with Pin Code		
11. Mobile No.:		12. Landline N	No.:	
13. Email ld (Candidate) :				

#### **Oualification Details:**

Education	Board	School 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 National Institute of Opening School & Indian Medical Association(IMA).

Place :

Date :

Signature of the Applicant

### **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 :

Date :

Signature of Parent/Guardian

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

1) SSLC, HSC I year and II year mark sheet 2) Transfer Certificate

3) Community Certificate 4) Aadhar Card

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		<b>NOT SELECTED</b>
Candidate has been offered admission in		Course of
the batch	_ commencing on	·

Signature of the Principal with Seal