



VADAMALAYAN INSTITUTE OF MEDICAL AND ALLIED HEALTH SCIENCES



SYMBOL OF CARE & TRUST Affiliated with THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY
(Institution Code : 444)

#15, Jawahar Road, Chokkikulam, Madurai(625002), Tamil Nadu, India.
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.
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.

Affix your latest passport size photograph here

Courses Offered

Code No.	Course Name
8001	B.Sc. Accident and Emergency Care Technology
8002	B.Sc. Operation Theatre and Anesthesia Technology
8005	B.Sc. Dialysis Technology
8006	B.Sc. Cardiac Technology
8008	B.Sc. Physician Assistant
8013	B.Sc. Nuclear Medicine Technology
8023	B.Sc. Radiography and Imaging Technology

Kindly mention any one **course code number** in the option

Option :

Note : The option you have selected would be given the first preference.

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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(The candidate should have completed 17 Years of age at the time of admission or should complete the age on or before 31st Decmber of the year of admission)

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

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11. Mobile No.:

12. Landline No.:

13. Email Id (Candidate) :

14. Qualification Details (with reference of HSC Certificates)

Exam Passed	Board	School	Place	State	District
Duration	Registration No	Month & Year of Passing	T.C. No	T.C.Date	School Relieving Date

14.1.

Subject	Tamil	English	Physics	Chemistry	Botany	Zoology	Biology	Maths	Comp. Sci.	Vocational	Percentage
Marks obtained											
Total											

14.2. Did you reappear for HSC? Yes No If "Yes" Give Details

	1 st	2 nd	3 rd
Month & Year of Reappearance			
Registration No.			

15. Personal identification marks

a. _____

b. _____

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 Medical & Allied Health Sciences and The Tamil Nadu Dr.M.G.R.Medical University.

Place :

Date :

Signature of the Applicant

UNDERTAKING:

Ifather/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 HSC II year mark sheet

3) Community Certificate

2) Transfer 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

NOT SELECTED

Candidate has been offered admission in _____ Course of the batch

_____ commencing on _____.

Signature of the Principal with Seal