



# GURU INSTITUTE OF MEDICAL SCIENCE

No. 4/120F, Pandikovil Ring Road, Mattuthavani, Madurai - 625 107.

***(Affiliated by Tamilnadu Dr. M.G.R. Medical university)***

## APPLICATION FOR REGISTRATION FOR U.G. / DIPLOMA COURSES

**ALLIED HEALTH SCIENCES**

(Incomplete Applications will be rejected)

Passport size Photograph attested by the Dean/Principal.

Name of the Course **:**

Year of Admission **:**

1. Name of the Candidate **:**

in BLOCK LETTERS

(As entered in the Higher Secondary certificate )

* 1. Expansion of Initials **:**
  2. Name in Tamil **:**

1. Sex **:**
2. Date of Birth (Christian Era) **:**

(Evidence should be enclosed)

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

1. (a) Name of Father/ Guardian **:**
2. Name of Mother **:**
3. Native Place **:**
4. Permanent Residential Address **:**
5. Present Address **:**

Email id :

Mobile :

Landline :

1. **(a)** Religion**:**
2. Community **:**
3. State whether SC/ST/MBC/DC/BC/others **:**

(Original community certificate should be enclosed)

1. (a) Category under which admitted to the course (Govt./Management etc.) **:**

(b) Date of joining the course **:**

1. Qualification and marks obtained (original mark sheet to be enclosed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Examination passed | Name of the Board (State/ Central/Others) | School / College | Duration Of the Course | Register No. | Month/ Year of Passing |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject | English | Physics | Chemistry | Botany | Zoology | Biology/ Maths |
| Maximum  Marks |  |  |  |  |  |  |
| Marks  Obtained |  |  |  |  |  |  |

1. FOR CANDIDATES WHO HAVE PASSED THE QUALIFYING EXAMINATION OTHER THAN H.S.C. OF TAMILNADU
2. Whether Eligibility Certificate obtained from The T. N Dr. M.G.R. Medical University is

enclosed **:**

1. Whether Transfer Certificate is enclosed. **:**
2. FOR CANDIDATES WHO HAVE PASSED THE QUALIFYING EXAMINATION ABROAD

(a ) Whether Eligibility Certificate obtained **:**

from the T.N. Dr. M.G.R.

Medical University is enclosed

(b) Whether passport and “Student Visa” **:**

have been obtained

(Xerox Copies should be enclosed)

1. (a) Blood Group **:**

(Certificate from a competent person should be enclosed)

1. Contact Phone No. **:**
2. Willingness to donate blood **:**

**Note :**

The following certificates in original should be submitted with the application with one set of Xerox copy of the originals failing which candidate will not be registered for the course.

* 1. H.Sc /Equivalent Mark statement(s).
  2. Transfer Certificate
  3. Proof for Date of Birth (in case if it is not available in T.C / Mark Statement)
  4. Allotment order of the Selection Committee for the candidates admitted under Govt. Quota
  5. Migration Certificate for non-H.Sc candidates i.e., other than H.Sc of Tamil Nadu
  6. No Objection Certificate (NOC) for foreign candidates.
  7. Eligibility Certificate obtained from this University for non-H.Sc course i.e.,

**other than** H.Sc. of Tamil Nadu

* 1. Eligibility Certificate obtained from this University for foreign candidates
  2. Community Certificate for all the category.

## DECLARATION BY THE CANDIDATE

I declare that the particulars mentioned above are true and I will not claim/ ask for any change with regard to any of the particulars furnished above. I agree to abide by the rules and regulations of the University as framed from time to time.

Date: Signature of the Candidate

## CERTICATE BY THE HEAD OF THE INSTITUTION

The above mentioned details are certified to be true after due verification with the relevant documents and I hereby recommend the candidate for registration.

Place:

Date : Signature of the Head

Institution Seal :