

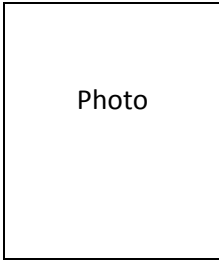


MIMS COLLEGE OF ALLIED HEALTH SCIENCES

Vadakedathparamba, Puthukode P.O, Vazhayoor, Malappuram (Dist.)

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Appl. No.

Course applied for	
BSc MLT	
BCVT	
BSc PT	

Application for Admission in the Management Quota for the year 20.....20.....

PERSONAL DATA

1	Name of the Candidate (in block letters)					
2	Age and Date of Birth					
3	Gender		Male/Female			
4	Nationality					
5	Marital Status		Married/Single			
6	Religion & Caste					
7	Category		SC/ST/OEC/OBC/GEN			
8	Name & Occupation of the Parent/ Guardian(relationship with the Candidate)					
9	Present address with Pin code		Permanent address with Pin code			
10	Annual Income					
11	Are you physically handicapped (if yes, furnish details)		Yes/No			
12	Tel. No. with STD cod & Mobile Number					
13	Number of appearances in qualifying exam					
14	Marks secured (Plus two)	Physics	Chemistry	Biology	PCB total marks	% of marks in PCB

15	Institution last attended	
16	Do you need Hostel Accommodation	

Declaration by the Applicant

I hereby declare that I have gone through the prospectus received along with the application form and I promise to abide by the rules and regulations. I further declare that I have no physical or mental disabilities that disqualify me for admission and the statement made by me in this application and documents produced in support thereof are true to the best of my knowledge. I further declare that I will not bring or use mobile phones in the campus, Clinical Postings or Hostel. I also declare that I will not involve in any indisciplinary activities or ragging if so, I am ready to accept any consequences, charged on me by the authority

Place:.....

Signature:.....

Date:

Name :

Declaration by the Parent/Guardian

I have carefully gone through the prospectus, I undertake in the event of the above applicant being admitted to pay regularly all the tuition fees, Hostel fees and other dues till the completion of the course. I undertake that my ward will not bring or use mobile phones inside the campus, Clinical postings & Hostel. I also undertake that I shall be solely responsible for any action against my ward in case he/she is found involved in any kind of ragging and indisciplinary activities.

Place:.....

Signature:.....

Date:

Name :

FOR OFFICE USE ONLY

Admn. date:Admn. No.Category.....Fees Paid.....

Remarks:

Note:

- ❖ True copies of Certificates/Documents should be attached along with the application
- ❖ Original Certificates Shall be produced at the time of Interview
- ❖ The application should be filled in by the applicant in his/her own handwriting
- ❖ A recent passport size photograph to be submitted with the application form