



РНОТО

G.KUPPUSWAMY NAIDU MEMORIAL HOSPITAL

POST BOX NO . 6327, PAPPANAICKENPALAYAM, COIMBATORE - 641037

ALLIED HEALTH SCIENCES COURSES

APPLICATION FOR ADMISSION - 2024

□ B.Sc Degree in Cardiac Technology Course applied for:

□ B.Sc Degree in Operation Theatre & Anaesthesia Technology

□ B.Sc Degree in Physician Assistant

FILL IN BLOCK LETTERS ONLY

:_____ 1. Name

(As mentioned in +2 mark certificate)

Date of Birth_____ (Not before : 01 / 10 / 1988 & Not after : 30 / 09 / 2007) 2.

| | Age:, Gender: | , Blood Group:, Religion:, |
|----|----------------------------|----------------------------|
| | Nationality: | , State: |
| | Community: | (BC / MBC / SC / ST or OC) |
| 3. | Father's Name & Occupation | :/ |
| 4. | Mother's Name & Occupation | : / |

:____

2. _____

| 5. | | • | ······································ |
|----|--------------------------------|---|--|
| 4. | Mother's Name & Occupation | : | / |
| 5. | Guardian's Name & Relationship | : | / |

- Guardian's Name & Relationship 5.
- 6. Aadhar No
- 7. Phone No
- (As Applicable) Email ID
- : ______(F)_____(M) : _____(H)____(G) :_____ Identification Mark: 1. _____
- 9. Address

8.

| Permanent Address | Communication Address | | | |
|-------------------|-----------------------|--|--|--|
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10. Educational Qualification :

| Qualifi cation | Name of the Examination | Medium of Instruction | Registration No | Year of Passing | Total Marks | % of Marks | No. of Attempts | Name of School / College |
|------------------|----------------------------|--------------------------|--------------------|-----------------------|----------------|---------------|--------------------|-----------------------------|
| 10 th | | | | | | | | |
| 11 th | | | | | | | | |
| 12 th | | | | | | | | |

11. +2 Subject Details / It's Equivalent :

| S.No | Subject | Marks | Percentage | Attempt |
|------|---------|-------|------------|---------|
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) | | | | |
| f) | | | | |
| | Total | | | |
| L | | I | | |

12. Health Status : If any Health Problem, Specify:

 Height in Cms : _____
 Weight in Kg : _____

DECLARATION

I hereby declare that the above facts given are true and correct to the best of my knowledge. I have gone through the prospectus and agree to abide by the rules and regulations of the Institute and the Hospital. I am aware that if I violate the rules and regulations of the Institution, I am liable for immediate dismissal from the Institute. I promise to conduct myself inside and outside the Hospital with discipline and decorum and will do nothing ,to bring disrepute to the Institution.

Date :_____

Place : _____

Signature of the Candidate

Signature of the Parent / Guardian

Enclose 3 sets of Photocopies of the following certificates

a) Transfer Certificate b)10th Mark Sheet c) 11th & 12th Mark Sheet d) Community Certificate

e) Birth Certificate f) Aadhaar Certificate g) Ration Card h) Medical Fitness Certificate

i) Nativity Certificate. (Other State students - Migration Certificate and Eligibility Certificate)

j) Bank pass book copy

Application fees - Rs. 590/-