



**INDIAN MEDICAL ASSOCIATION TAMILNADU STATE BRANCH
PARAMEDICAL WING**



STUDENT APPLICATION FORM FOR ADMISSION: YEAR.....

1. Course :

2. Institution name & address :

.....

3. Name of the applicant (as per 10th Cert., in Capital letter) :

2. Sex (Male / Female) 3. Date of Birth (As per 10th Mark Sheet) :

4.



	Father	Mother	Guardian with relationship
Name			
Qualification			
Occupation			
Designation			
Income			

5. Address for correspondence of the applicant:.....

.....

.....Phone/Cell No:.....

Permanent Address:

..... Phone/Cell No:.....

6. Give the following particulars concerning your Education:

Examination Passed	Subjects	Year	Name of the School

7. Reference : Name and Address of two responsible persons who can vouch for the applicant.

1) Name.....
Relationship.....
Address.....
.....
Phone/CellNo.....

2) Name.....
Relationship.....
Address.....
.....
Phone/CellNo.....

Office Seal of the Paramedical Institute

Signature of the Correspondent / Principal