



Dr. JEYASEKHARAN MEDICAL TRUST COLLEGE OF ALLIED HEALTH SCIENCES

K.P.Road, Nagercoil – 629 003, Kanyakumari District, Tamil Nadu, India.
Ph: +91 (0) 4652 224258 | Mobile: +91 98421 33987 / +91 77089 94976
Email: education@jeyasekharanmedicaltrust.com / jmtcollegengl@gmail.com
Website: www.jeyasekharanmedicaltrust.com

APPLICATION FOR ADMISSION (Use Blue or Black pen and use only block letters)

APPLICATION NO:

Name of the Course applied for:

1. Name of the Applicant :
(As per School Record)

2. Date of Birth:.....

3. Age:.....

4. Sex : Male Female

5. Place of Birth :.....

6. Marital Status :.....

7. Mother Tongue :.....

8. Languages Known :.....

9. Nationality :..... 10. Religion :.....

11. Caste :..... 12: Community :.....

13. Blood Group :.....

14. Aadhar Number :.....

15. Address for Communication :.....
.....

District :.....

State :..... Pincode :.....

Phone Number :.....

Please Affix
Passport size
Colour
Photograph

16. Details of the Parents/ Guardian:

Father's Name :.....

Father's Occupation :..... Phone :.....

Mother's Name :.....

Mother's Occupation :..... Phone :.....

(or) Guardian's Name :.....

Guardian's Occupation :..... Phone :.....

17. Educational Background :

Name & Address of the School/College last studied in :

.....

.....

Medium of Instruction :..... Year of Passing :.....

Academic Record (enclose self-attested photo copy of the mark sheet)

Subjects	Marks Obtained	Maximum Marks	Total Marks & %

Fill the column as applicable – as per H.Sc. marksheet

18. Extra-Curricular Activities, Hobbies :.....

(Sports, Literary, Cultural, NCC, NSS Etc.)

19. Undertaking :

I,, S/o D/o, hereby declare, that all above particulars given in this form are true and complete to the best of my knowledge. In the event of any information being proved incorrect, I agree to the rejection of my application and if already admitted discontinuance and/or to any decision taken by the concerned head of the institution. I shall render myself liable to any legal action taken against me. I will also abide by the rules & regulations of the college and the hostel attached to the institution.

.....
Signature of the Parent/ Guardian
Date: _____

.....
Signature of the Applicant
Date: _____

20. Names and addresses of any two persons (other than relatives) to certify the character and conduct of the Candidate:

a).....
.....
.....

b).....
.....
.....

21. Hostel accommodation required : Yes No

22. Financial Guarantee by Parent/Guardian :

I Parent/Guardian of declare that I shall meet all the expenses of my son/daughter while he/she is a student at Dr.Jeyasekharan College of Allied Health Sciences. I also accept that any fees paid will not be refunded in case of discontinuation of course.

Name of the Parent/ Guardian : Signature :

Note :

- 1. Application forms can be downloaded from our Website www.jeyasekharanmedicaltrust.com. Downloaded application form shall be submitted accompanied by a Demand Draft in favour of **“Dr.Jeyasekharan Medical Trust, School of Nursing”** for Rs.500/- (Five hundred only) payable at Nagercoil.
- 2. Completed Application shall be sent to: The Administrator/The Principal, Dr. Jeysekharan Medical Trust, College of Allied Health Sciences, K.P.Road, Nagercoil, Kanyakumari District, Tamil Nadu -629003. Ph: +91 (0) 4652 224258 | Mobile: +91 98421 33987 / +91 77089 94976. Email: education@jeyasekharanmedicaltrust.com

Certificates Enclosed (Attested photo copies):

- 1) H. Sc / +2 / Equivalent Mark sheet
- 2) 10th Mark Sheet
- 3) Transfer Certificate
- 4) Migration Certificate (other than H.Sc of Tamil Nadu)
- 5) No objection certificate (for Foreign Candidates)
- 6) Community Certificate
- 7) Conduct Certificate
- 8) 3 copies of recent colour passport size photograph
- 9) Aadhar Card copy
- 10) Medical Certificate from a competent Medical Officer

FOR OFFICE USE ONLY

Date of Admission :..... Admission No :.....

Admission Fee paid :..... Tuition fee paid :.....

.....
Signature of the Course Director

.....
Signature of the Administrator