



AMALA INSTITUTE OF MEDICAL SCIENCES

AMALA NAGAR, THRISSUR-680 555. TEL-0487 2304000

APPLICATION FORM FOR PARAMEDICAL COURSES (DMLT & DRT)

(Courses approved by Directorate of Medical Education & Govt. of Kerala)

Application Number:

Paste your recent passport size photograph here

Course for which admission is sought:
(in the order of preference)

Course	Preference (1,2)
DMLT	
DRT	

Seat applied: Government Management

If Management, Christian Community Syro-Malabar Church Others

- Name of the Applicant:
(in block letters as entered in 10th standard certificate)
- Name of Parent / Guardian:
- Relation with Applicant:
- Date of Birth (DD/MM/YYYY):
(Applicant to complete 17 years on or before 31/12/2017)
- Gender (Male / Female):
- Marital Status (Married / Single):
- Religion: Caste:
- Physically handicapped: Yes No
- Address:

Permanent Address:	Present address (Address for Communication)
PIN Code:	PIN code:
Contact Phone No (with STD):	Contact Phone No (with STD):

- Email address of the Applicant:
- Father's Name & Occupation:
- Mother's Name & Occupation:
- Parent's / Guardian's Mobile Number:
- Annual Family Income: Rs.....
- Name of the Institution last attended:
- Educational Qualification:

Course	Name of Institution	Name of Examination/ Board	Registration Number	Year of passing	% of Marks
SSLC					
Plus 2					
Others (if any)					



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17. Plus 2 Marks:

Subject	Maximum Marks	Marks Awarded	% of Marks
Physics			
Chemistry			
Biology			
Total			
English			

Documents to be submitted:

- Copy (attested by Gazetted Officer) of Mark lists of qualifying examination.
- Copy (attested by Gazetted Officer) of SSLC Certificate.
- Copy of the Course & Conduct Certificate from the Institution last attended.
- Letter from Parish Priest, in case of applications for Christian community or Syro-Malabar Church seats.

Joint Declaration by the Applicant & Parent/ Guardian:

We, (Applicant) & (Parent/ Guardian) do hereby declare that all the information furnished above is true and correct and we will obey the rules and regulations of the institution, if admitted. We promise to submit all certificates and documents in original at the time of admission failing which the admission will be liable for cancellation.

Name & Signature of Applicant

Name & Signature of Parent / Guardian

Place:

Date:

Details of Application Fee enclosed:

DD No.	DD Date	Name of Bank	Name of Branch	Amount (Rs.)

For Office Use Only

Received the application on:.....time:..... Course Selected for:.....

Index Marks:..... Rank No.:..... Admission No.:.....