

# GLANIS INSTITUTE OF MEDICAL SCIENCES

Madurai-Rajapalayam Road (NH 744)

T. Pudupatti, Madurai- 625 704

Phone No: 73393 45672, 73392 12944

APPLICATION FOR ADMISSION

- B.Sc Physician Assistant
- B.Sc Dialysis Technology
- B.Sc Accident & Emergency Care
- B.Sc Operation Theatre & Anaesthesia Technology
- B.Sc Medical Laboratory Technology
- B.Sc Radiology & Imaging Technology
- Diploma in Health Care Aide

❖ *Duration of all B.Sc Degree Courses: 3years + 1 year Internship*

❖ *Duration of Diploma in Health Care Aide Course: 2 years*

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## Candidate's Personal Information

Name of the Student : \_\_\_\_\_

(as in your certificate)

Date of Birth : \_\_\_\_\_ (DD/MM/YY)

Religion : \_\_\_\_\_ Caste : \_\_\_\_\_

Gender :  Male  Female

Blood Group : \_\_\_\_\_

Recent Color  
Passport Size  
Photograph  
to be affixed

Citizenship :  Indian  Others (Please Specify) \_\_\_\_\_

Father's name : \_\_\_\_\_ Occupation: \_\_\_\_\_

(As entered in your certificate)

Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's name : \_\_\_\_\_ Occupation : \_\_\_\_\_

Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address (Home) : \_\_\_\_\_

\_\_\_\_\_

Address for Correspondence (preferred): \_\_\_\_\_

\_\_\_\_\_

City : \_\_\_\_\_ Pin: \_\_\_\_\_ State: \_\_\_\_\_ Country : \_\_\_\_\_

Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

**Educational Information :**

S.No	Examination Passed	Board / Institute / University	Year of Passing	Total Marks

**(Note: Xerox copies of Academic and Community certificate should be enclosed)**

Category :      Open       SC       ST

                 Differently Abled       OBC       PIO (Person of Indian Origin)

                                 NRI       Foreign National

**Declaration by the candidates:**

1. I hereby declare that all the particulars stated in the application form are true to the best of my knowledge and belief.
2. I understand that ignorance of rules cannot and will not absolve me of my duties and responsibilities.
3. I undertake to abide by the rules and regulations of the institution.
4. I am aware of the institution's policy towards ragging and punishment to which I am liable, if found guilty of ragging.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Parent

Signature of the Candidate

**Application can be submitted in person or sent by post to:**

*Glanis Institute of Medical Sciences*  
Madurai - Rajapalayam Road (NH 744)  
T.Pudupatti, Madurai 625 704

OR

*Glanis Institute of Medical Sciences - Admissions Office*  
46 Somasundaram Mala Illam, 8<sup>th</sup> Street Jawahar Nagar (Opp. ESI Hospital), Thirumangalam,  
Madurai 625706

**OFFICIAL USE**

**Application no:** \_\_\_\_\_

**Course Allotted:** \_\_\_\_\_

**Coordinator**

**Administrative Officer**

**Principal**