

# GLANIS INSTITUTE OF MEDICAL SCIENCES

Madurai-Rajapalayam Road (NH 744)

A.Thottiapatti, T. Pudupatti (PO), Madurai- 625 704

Phone No: 7530011882, 7530011883

## APPLICATION FOR ADMISSION

- ☐ B.Sc Physician Assistant
- ☐ B.Sc Dialysis Technology
- ☐ B.Sc Accident & Emergency Care Technology
- ☐ B.Sc Operation Theatre & Anaesthesia Technology
- ☐ B.Sc Medical Laboratory Technology
- ☐ B.Sc Radiography & Imaging Technology
- ☐ B.Sc Nursing

❖ *Course Duration: All B.Sc Allied Health Science courses: 3years + 1 year Internship.*

❖ *Course Duration: B.Sc Nursing Course: 3.5 years + 6 months of Internship.*

---

### 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 : \_\_\_\_\_

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

Recent Color

Passport Size

Photograph  
to be affixed

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 ☐      OBC ☐

Differently Abled: ☐ Yes      ☐ No

**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. Admission fee is non-refundable under any circumstances.
3. In case a student decides to withdraw within 7 days from the application submission date, full tuition fee will be refunded.
4. In case a student decides to withdraw within 15 days from the application submission date, 50% of the tuition fee will be refunded.
5. In case a student decides to withdraw after 30 days from the application submission date, tuition fee is non-refundable.
6. I understand that ignorance of rules cannot and will not absolve me of my duties and responsibilities
7. I undertake to abide by the rules and regulations of the institution.
8. 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/Guardian

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)

A.Thottiapatti, T.Pudupatti (PO)

Madurai 625 704

**OFFICIAL USE**

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

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

**Coordinator**

**Administrative Officer**

**Principal**