Application No.	
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MIMS ACADEMY

Affix
Passport Size
Photo

APPLICATION FORM							
For admission tocourse							
1.	Name (as in SSLC)	:					
2.	Residential address	3. Phone 4. Age	Res Mob Date of	birth			
5.6.	E-mail ID : Gender Marital status	1	Nationality				
7. Name & address of the guardian : Relationship of the applicant with the guardian : Occupation of the guardian :							
8. Educational qualifications :-							
SI.N	o. PDC / +2 / Diploma / Degree (with main subject) Inst	itution	Period of study	% of marks obtained	Board/University		

	<u>DECLARATION BY THE APPLICANT</u>				
abo	lame)				
	ce Signature				
Dat	teName				
	DECLARATION OF THE GUARDIAN				
the	Name) promise and undertake, in the event of above applicant being admitted, to pay regularly all the fees including hostel fees, till the completion of course.				
Pla	ce Signature				
Dat	teName				
No	te:-				
1	True copies of certificates/documents in support of coloums 4 & 8 should be attached along with the application				
2.	Original certificates need be produced at the time of interview only.				
3.	Last date for receiving the filled in application is				
	FOR OFFICE USE ONLY				

4th floor, Malabar Institute of Medical Sciences Ltd. Govindapuram P.O, Calicut - 673016 Phone: +91 495 3911400, 2488000, Fax: +91 495 2741329