Application No.	



Affix Passport Size Photo

APPLICATION FORM						
year	lmission tolmission tolmission to				co	ourse
1. 1	raine (as in 35LC)		:			
2. R	esidential address		3. Phone	Res Mob		
			4. Age	Date of	birth	
			E-mail			
5. G	iender Marita	l status		Nationality		
6. N	lame & address of the guardian	:				
Relationship of the applicant with the guardian:						
C	Occupation of the guardian		:			
A	nnual income of the guardian		:			
7. E	ducational qualifications :-					
SI.No.	PDC / +2 / Diploma / Degree (with main subject)	Instit	ution	Period of study	% of marks obtained	Board/University

DECLARATION BY THE APPLICANT							
above are comp	olete and correct t		vledge and belief. I	are that the particulars furnished also understand that I will be			
Place	Place			Signature			
Date		N	Name				
		DD DETA	<u>ILS</u>				
DD No	DD Date	DD Amount	Bank	Payable at			
	<u>D</u>	ECLARATION OF T	HE GUARDIAN				
I (Name) promise and undertake, in the event of the above applicant being admitted, to pay regularly all the fees including hostel fees, till the completion of the course.							
Place		S	Signature				
Date		N	lame				
Note :-  1 True copie application		cuments in support of	coloums 4 & 7 sho	uld be attached along with the			
<ol> <li>Original certificates need be produced at the time of interview only.</li> </ol>							
4. Last date f	or receiving the fill	led in application is					
<ol> <li>Application Fee Rs.1500/- paid to MIMS Academy Trust along with filled application form by DD or cheque.</li> </ol>							
FOR OFFICE USE ONLY							

MALABAR INSTITUTE OF MEDICAL SCIENCES LTD

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