

# GLANIS INSTITUTE OF ALLIED HEALTH SCIENCES

Madurai-Rajapalayam Road (NH 744)

T. Pudupatti, Madurai- 625 704

Phone No: 75300 11882, 75300 11883

## APPLICATION FOR ADMISSION

- B.Sc Physician Assistant
- B.Sc Dialysis Technology
- B.Sc Accident & Emergency Care
- B.Sc Operation Theatre & Anesthesia Technology
- B.Sc Medical Laboratory Technology
- B.Sc Radiology & Imaging Technology

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

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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

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

(As entered in your certificate)

Tel. No: \_\_\_\_\_ Father's Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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

Tel. No: \_\_\_\_\_ Mother's Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

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

**Educational Information :**

If 12th standard board examination marks are not available, please fill in below marks from 10th standard board examination- Science and Total marks only.

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

Citizenship:        Indian         NRI

**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. 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. I undertake to abide by the rules and regulations of the institution.
6. 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 Allied Health Sciences*  
Madurai - Rajapalayam Road (NH 744)  
T.Pudupatti, Madurai 625 704

**OFFICIAL USE**

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

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

**Coordinator**

**Administrative Officer**

**Principal**