

GLANIS INSTITUTE OF ALLIED HEALTH 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 & Anesthesia Technology**
- B.Sc Medical Laboratory Technology**
- B.Sc Radiology & Imaging Technology**

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

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. Any withdrawal by candidate up to one month after confirmation of admission will entail forfeiting the Admission Fee.
4. Any withdrawal after one month of admission confirmation will entail forfeiting the Admission Fee plus 50 % of the first installment fee, provided classes have not begun.
5. Any withdrawal after commencement of classes will entail forfeiting the entire first installment fee.
6. I undertake to abide by the rules and regulations of the institution.
7. 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