

Velammal College of Allied Health Sciences

(635, Velammal Medical College Hospital & Research Institute)

(Affiliated to the Tamil Nadu Dr. MGR Medical University, Guindy, Chennai)
Velammal Village, Madurai - Tuticorin Ring Road,
Anuppanadi, Madurai - 625 009

Application No:

Application form for admission to Allied Health Sciences Programmes: 2024-2025

(for office use) [Read the application form carefully before filling, DON'T LEAVE ANY FIELD EMPTY] A. Personal Details 1. Name of the Candidate (in BLOCK LETTERS) Paste (DO NOT) STAPLE) recent passport -size colour photograph 2 a. Name of Father / Guardian with initials..... 2 b. Name of Mother with initials 3 a. Address for Communication 3 b. Permanent Address 3 c. Candidate's email id: Parents' email id: 4. Phone number 5. Gender Male / Female 5b. Blood Group 6. Date of Birth Age (as on 31st December 2024): 7. Mother tongue SC MBC BC | OC 8. Community Specify caste (for statistical purpose) 9. Native Place 10. Nationality 11. Occupation of father / guardian 12. Occupation of mother **B. Payment Details** Bank: D.D. No. Date:

(#The application fees includes a basic administrative fees of Rs. 600 in favour of Velammal College of Allied Health Sciences payable at Madurai).

C. Details of Qual	ifying Examination							
1. Qualifying exam	ination passed							
2. Month and year	of Passing							
3. Registration Nur	mber							
4. Number of atten pass the qualifyi5. Medium of instru	ing examination							
(Awaiting for Unive		ibility, hence this column can	be filled up later) (Enclose ph					
Subject	Marks obtained	Maximum marks	Minimum marks	Percentage				
English								
Physics(P)								
Chemistry(C)								
Biology (B)*								
Botany*								
Zoology *								
*fill the column as	applicable; if not applicable	cable, indicate as NA						
l,		Declaration (Name in full in	n block letters), son/ daught	er/ ward of				
		do hereby sole	emnly declare that the infor	mation provided				
and the statements	s given in the above app	olication form and enclosure	es are true, correct and con	nplete to the best of				
my knowledge. An	y incorrect information p	provided by me will make m	y application liable for rejec	ction.				
Place:								
Date:			Sign	ature of the candidate				
			Signature o	f the parent / guardian				

Important Note:

- 1. Application fees is completely non-refundable.
- 2. Application with incomplete information will not be considered for admission
- 3. It is the responsibility of the candidate to ensure that correct marks are entered in the application form. During verification if it is found out that the marks entered in the application form are intentionally incorrect, then (a) the fees paid AND admission to the course will be immediately forfeited, no matter at what stage of the course the candidate is in; (b) the candidate will be blacklisted from seeking application into the college for a period of 3 years, and; (c) legal action will be initiated against the candidate for furnishing false information



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Interview Form

Affix Photo here

	r's Name:		D ()	land a san d				
Applic	cation Number	·	Date of	Interview:				
Address for Communication					Mobile 1			
					Mobile 2			
					email id			
					Date of Birth			
		(This	Mark Column should be	Details filled up at the	time of interviev	ν)		
Tami	il Nadu HSC Bo	pard		Other Board	k			
	Subject	Physics	Chemistry	Biology	Botany	Zoology	%	
	Marks Scored							
	Maximum Marks							
Certific	cates Verified		Signaturo			Soal		
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Certific			Signature reference			Seal Course Pr	eferen	ce
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