



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-625009

Application form for admission to Allied Health Sciences Programmes: 2026-2027

Application No:
(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
color
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 Father: Mother: Candidate:.....

5. Gender Male/Female Blood Group

6. Date of Birth

Age (as on 31st December 2026):.....

7. Mother tongue

8. Community SC ST MBC BC OC

Specify caste..... (for statistical purpose)

9. Native Place

10. Nationality

11. Occupation of father/guardian.....

12. Occupation of mother

C. Details of Qualifying Examination

- 1. Qualifying examination passed
- 2. Month and year of Passing
- 3. Registration Number
- 4. Number of attempts made to Pass the qualifying examination
- 5. Medium of instruction

6. Marks obtained in the qualifying examination:
(Awaiting for University Instructions for eligibility, hence this column can be filled up later)(Enclose photocopy of mark sheet)

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 ,indicate as NA

Declaration

I,.....(Name in full in block letters),son/daughter/ward of
 do hereby solemnly declare at the information provided
 and the statements given in the above application form and enclosures are true, correct and complete to the best of
 my knowledge. Any incorrect information provided by me will make my application liable for rejection.

Place:

Signature of the candidate

Date:

Signature of the parent/ guardian

Important Note:

1. Application processing fees will be collected at the time of admission.
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 at 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

Candidate's Name:

Father's Name:

Application Number: _____ Date of Interview: _____

Address for Communication

Mobile 1

Mobile 2

Email id

Date of Birth

Mark Details

(This Column should be filled up at the time of interview)

Tamil Nadu HSC Board

Other Board

Subject	Physics	Chemistry	Biology	Botany	Zoology	%
Marks Scored						
Maximum Marks						

Certificates Verified

Signature

Seal

Course Preference

(List 3 courses of your choice in order to preference)

1st Preference:

2nd Preference:

3rd Preference:

Courses offered

1. Baccalaureate in Anesthesia & operation Theatre Technology
2. Bachelor of Dialysis Therapy Technology (B.DTT)
3. Bachelor in Medical Radiology & Imaging Technology (B.MRIT)
4. Bachelor of Physician Associate Studies (B.PA)
5. Bachelor of Emergency Medical Technologist (Paramedic)

Do you require hostel facility? YES

NO

For Office Use only

Interview Outcome

MERIT / 100

PERSONALITY / 100

OVERALL SCORE / 100

Course Director / Course Coordinator

Principal

Dean