



Dr. Jeyasekharan Medical Trust

Dr. Jeyasekharan College of Allied Health Sciences



K.P.Road, Nagercoil – 629 003, Kanyakumari District, Tamil Nadu, India.
Phone No.: 04652-239001, 230001 | Mobile: +91 98421 33987, +91 77089 94976

Email: education@jeyasekharanmedicaltrust.com | Website: www.jeyasekharanmedicaltrust.com

APPLICATION FOR ADMISSION (Use Blue or Black pen and use only block letters)

APPLICATION NO:

Name of the Course applied for:

1. Name of the Applicant:
(As per School Record)

2. Date of Birth:.....

3. Age:.....

4. Sex : Male Female

5. Place of Birth :.....

6. Marital Status :.....

7. Mother Tongue :.....

8. Languages Known :.....

9. Nationality :.....10. Religion :.....

11. Caste :..... 12: Community :.....

13. Blood Group :.....

14. Aadhar Number :.....

15. Address for Communication :.....
.....

District :.....

State :..... Pincode :.....

Phone Number :..... Email :.....

Please Affix
Passport size
Colour
Photograph

16. Details of the Parents/ Guardian:

Father's Name :.....

Father's Occupation :..... Phone :.....

Mother's Name :.....

Mother's Occupation :..... Phone :.....

(or) Guardian's Name :.....

Guardian's Occupation :..... Phone :.....

17. Educational Background :

Name & Address of the School/College last studied in :

.....

Group: EMIS No.:.....

Medium of Instruction :..... Year of Passing :.....

Academic Record (enclose self-attested photo copy of the mark sheet)

Subjects	Marks Obtained	Maximum Marks	Total Marks & %

Fill the column as applicable – as per H.Sc. marksheet

18. Extra-Curricular Activities, Hobbies :.....

(Sports, Literary, Cultural, NCC, NSS Etc.)

19. Name and Contact number of any known person working in Dr.Jeyasekharan Medical Trust

1) 2)

20. Undertaking :

I,, S/o,D/o
hereby declare, that all above particulars given in this form are true and complete to the best of my knowledge. In the event of any information being proved incorrect, I agree to the rejection of my application and if already admitted discontinuance and/or to any decision taken by the concerned head of the institution. I shall render myself liable to any legal action taken against me. I will also abide by the rules & regulations of the college and the hostel attached to the institution.

.....
Signature of the Parent/ Guardian
Date: _____

.....
Signature of the Applicant
Date: _____

21. Names and addresses of any two persons (other than relatives) to certify the character and conduct of the Candidate:

a).....
.....
.....

b).....
.....
.....

22. Hostel accommodation required : Yes No

23. Financial Guarantee by Parent/Guardian :

I Parent/Guardian of
declare that I shall meet all the expenses of my son/daughter while he/she is a student at Dr.Jeyasekharan College Of Nursing. I also accept that any fees paid will not be refunded in case of discontinuation of course.

Name of the Parent/ Guardian : Signature :

Note :

1. Downloaded Application form shall be submitted accompanied by a Demand Draft drawn in favor of “**Dr. Jeyasekharan Medical Trust College of Allied Health Sciences**” for Rs.600/- (Six hundred only) payable at Nagercoil.

2. Completed Application shall be sent to:
The Administrator, Dr.Jeyasekharan Medical Trust, College of Allied Health Sciences, K.P. Road, Nagercoil – 629 003, Kanyakumari District, Tamil Nadu, India.
Phone No.: 04652-239001, 230001 | Mobile: +91 98421 33987, +91 77089 94976
Email: education@jeyasekharanmedicaltrust.com Website: www.jeyasekharanmedicaltrust.com

Certificates Enclosed (Attested photo copies):

- 1) H. Sc / +2 / Equivalent Mark sheet
- 2) 10th Mark Sheet
- 3) Transfer Certificate
- 4) Migration Certificate (other than H.Sc of Tamil Nadu)
- 5) No objection certificate (for Foreign Candidates)
- 6) Community Certificate
- 7) Conduct Certificate
- 8) 3 copies of recent colour passport size photograph
- 9) Aadhar Card copy
- 10) Medical Certificate from a competent Medical Officer
- 11) Nativity Certificate
- 12) Income Certificate
- 13) Copy of Students Bank Passbook (Front page)

FOR OFFICE USE ONLY

Date of Admission :..... Admission No :.....

Admission Fee paid :..... Tuition fee paid :.....

.....
Signature of the Principal

.....
Signature of the Administrator