



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 form for admission to Allied Health Sciences Programmes: 2022-2023

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
colour
photograph

2 a. Name of Father / Guardian

2 b. Name of Mother

3 a. Address for Communication

.....

.....

3 b. Permanent Address

.....

.....

E- mail:

4. Phone number Father: Mother:

5. Gender Male / Female 5b. Blood Group

6. Date of Birth

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Age (as on 1st January 2022):

7. Mother tongue

8. Community SC ☐ ST ☐ MBC ☐ BC ☐ OC ☐

Specify caste (for statistical purpose)

9. Nationality

10. Occupation of father / guardian

11. Occupation of mother

B. Payment Details

Bank: D.D. No. Date:

Amount #:

(#The application fees includes a basic administrative fees of Rs. 600)

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 that 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 me will make my application liable for rejection.

Place:

Signature of the candidate

Date:

Signature of 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

Student's Name:

Father's Name:

Application Number: _____ Date of Interview: _____

Address for Communication

Mobile 1

Mobile 2

E-Mail 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	%	% reduced to 80
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:

Course Preference

1. B.Sc., Accident & Emergency Care Technology
2. B.Sc., Cardiac Technology
3. B.Sc., Critical Technology
4. B.Sc., Dialysis Technology
5. B.Sc., Operation Theatre & Anaesthesia Technology
6. B.Sc., Physician Assistant
7. B.Sc., Radiography & Imaging Technology
8. B.Sc., Respiratory Therapy
9. B.Sc., Medical Lab Technology

Do you require hostel facility? YES ☐

NO ☐

For Office Use only

Interview Outcome

MERIT ☐ / 80

PERSONALITY ☐ / 80

OVERALL SCORE ☐ / 80

Course Director / Course Coordinator

Principal

Dean