

Application No.

## WESTFORT INSTITUTE OF PARAMEDICAL SCIENCES (WIMS)



[Approved by Govt. of Kerala & Affiliated to Kerala  
University of Health Sciences (KUHS)]  
**Westfort Academy for Higher Education (WAHE)**  
M.G.Kavu P.O, Pottore , Thrissur - 680 581  
Ph.No. 0487 - 2204343, 2206444, Fax No: 0487 - 2200801  
Email:wims33@gmail.com

Affix Recent  
Passport size  
Colour Photo

### APPLICATION FOR ADMISSION TO **B.Sc. MLT** COURSE FOR THE ACADEMIC YEAR 20 - 20

(Use only capital Letters)

1	Name of the Applicant																				
2	Expansion of Initial(s)																				
3	Age & Date of Birth																				
4	Sex (Please Tick)	M		F		Blood Group															
5	Marital Status (Please Tick)	Single		Married																	
6	Caste & Religion																				
7	Name of Parent / Guardian / Spouse																				
8	Occupation of Parent / Guardian / Spouse																				
9	Relation to the Candidate																				
10	Address for Communication																PIN				
	E-mail																				
	Mobile																				
	Telephone No.with STD Code																				
11	Identification Marks	A.																			
		B.																			

12	Permanent Address																			
	E-mail																			
	Mobile																			
	Telephone																			
	Parent / Guardian Telephone No																			
13	Are you physically handicaped	Yes		No		14	Do you need hostel accommodation	Yes		No										
15	College Chosen by	Friend		Media		Website		WIMS Student		Any other										
16	DETAILS OF THE QUALIFYING EXAMINATION																			
	Course																			
	Reg.No. / Month / Year																			
	School / College																			
	Board / University																			
17	PLUS TWO EXAMINATION DETAILS																			
	Subjects	Maximum Marks					Marks / Grade Obtained					% of Marks								
	Physics																			
	Chemistry																			
	Biology																			
	Total Marks Awarded in PCB																			
	Total Percentage (%)																			

**FOR OFFICE USE ONLY**

Rank No.	
Roll No.	

Application No.	
Category	

**Details of Original Certificates verified and deposited :**

1	Secondary School Leaving Certificate (SSLC)	
2	Certificate / Mark Sheets of Qualifying Examination (+2 or Equivalent)	
3	Transfer Certificate	
4	Caste Certificate (for SC/ST/ OEC Students)	
5	Course & Conduct Certificate from the institution last attended	
6	Migration Certificate	
7	Passport Size Photo (10 Nos)	
8	Details Fee Receipt	
9	Copy of Passport and Visa and Sponsor in NRI admission	

Particulars Verified by	Name	Signature
Original Certificate verified by	Name	Signature

Location of the deposited Original Certificates

Remarks

	Principal	
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**DECLARATION BY THE CANDIDATE**

I .....  
son/Daughter/spouse of Sri. ....

hereby declare that the particulars are true and correct to the best of my knowledge. I have filled up this application after reading all the instructions in the prospectus carefully. I am liable to be punished for willful suppression or misrepresentation of facts.

I agree to abide by all the rules and regulations including those relating to the hostel, if I am admitted there to in force at present or that may be introduced hereafter, for the due maintenance of the discipline at the college and I further agree to be satisfied with the amenities now offered in the academic and social life of the college, to make good any damage to furniture, apparatus or other things which may be caused by carelessness, negligence or wantonness on my part and to leave the college at any time, if I fail to carry out this undertaking.

I pledge myself if never to take part directly in any political, economic communal subversive or any other such activities.

I further pledge myself not to cause damage in any manner to the properties of the college and to pay regularly all the fees and dues. Should it be found that I have committed any of the above acts. I agree to receive any punishment including summarily dismissal from the college and hostel and liability for damage caused.

I shall accept the decisions of Kerala University of Health and Allied Sciences, Govt. of Kerala or any other statutory bodies constituted if any regarding qualification/eligibility for admission as final.

Counter signature by parent/Guardian/Spouse

Signature of the candidate

Place :

Date :

**DECLARATION BY THE PARENT / GUARDIAN / SPOUSE**

I fully endorse the declaration made above by the candidate. Besides I undertake to guarantee for his good conduct and behaviour during the tenure of the candidate's period of studentship in the college if ever, the candidate contravenes any of the rules and regulations of the college and the hostel and the conditions above. I further undertake to abide by the decisions of the college authorities with regard to the nature and magnitude of the punishment.

Place :

Name and Signature of the Parent/Guardian/Spouse

Date :