

Application No.

## WESTFORT INSTITUTE OF PARAMEDICAL SCIENCES (WIMS)



(Approved by Directorate of Medical Education & Affiliated to Kerala  
University of Health & Allied Sciences)

### Westfort Academy for Higher Education (WAHE)

M.G. Kavu P.O., Pottore, Thrissur - 680 581  
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Fax No. 0487 - 2200801  
Email: wims33@gmail.com, wahethrissur@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	<input type="text"/>				
2. Expansion of initial(s)	<input type="text"/>				
3. Age & Date of Birth	<input type="text"/>				
4. Sex (Please Tick)	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">M</td> <td style="border: none; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">F</td> <td style="border: none; width: 20px;"></td> </tr> </table>	M		F	
M		F			
5. Marital Status (Please Tick)	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">Single</td> <td style="border: none; width: 20px;"></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">Married</td> <td style="border: none; width: 20px;"></td> </tr> </table>	Single		Married	
Single		Married			
6. Caste & Religion	<input type="text"/>				
7. Name of parent/ Guardian/Spouse	<input type="text"/>				
8. Occupation of Parent/ Guardian/Spouse	<input type="text"/>				
9. Address for Communication	<input type="text"/>				
	<input type="text"/>				
	PIN <input type="text"/>				
E-mail	<input type="text"/>				
Mobile	<input type="text"/>				
Telephone No. with STD Code	<input type="text"/>				
10. Permanent Address	<input type="text"/>				
	<input type="text"/>				
	PIN <input type="text"/>				

E-mail

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Mobile

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Telephone

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11. Address of parent/  
Guardian/Spouse

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PIN

E-mail

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Mobile

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Telephone

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12. Are you physically  
handicapped

Yes	
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No	
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13. Do you need hostel  
accommodation

Yes	
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No	
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14. DETAILS OF THE QUALIFYING EXAMINATION

Reg. No./Month/Year

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School/College

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Board/University

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15. SUBJECT WISE MARKS OF 10+2/EQUIVALENT EXAMINATION

Subject	Maximum Marks	Marks/Grade obtained	% of Marks
Physics			
Chemistry			
Biology			
Total			

FOR OFFICE ONLY

Rank No.	
Roll No.	

Application No.	
Category	

Details of Original Certificates verified and deposited

- |   |  |                          |
|---|--|--------------------------|
| 1. Secondary School Leaving Certificate (SSLC)                          |  | <input type="checkbox"/> |
| 2. Certificate/Mark Sheets of Qualifying Examination (+2 or Equivalent) |  | <input type="checkbox"/> |
| 3. Transfer certificate   |  | <input type="checkbox"/> |
| 4. Caste certificate (for SC/ST students)                               |  | <input type="checkbox"/> |
| 5. Course & Conduct Certificate from the institution last attended      |  | <input type="checkbox"/> |
| 6. Passport size photo (4 Nos)  |  | <input type="checkbox"/> |
| 7. Admission Card from DME  |  | <input type="checkbox"/> |
| 8. Rank slip  |  | <input type="checkbox"/> |
| 9. Fee Receipt  |  | <input type="checkbox"/> |
| 10. Allotment list  |  | <input type="checkbox"/> |
| 11. Copy of passport and Visa and Sponsor in NRI admission              |  | <input type="checkbox"/> |

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 thereto 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 or indirectly 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 :

Date :

Signature of the parent/guardian/spouse with name