



Application No : 173

# RAJAS INSTITUTE OF ALLIED HEALTH SCIENCES

Raja Nagar, Vadakkangulam - 627 116, Tirunelveli District.

(AFFILIATED WITH THE TAMILNADU DR.MGR MEDICAL UNIVERSITY, CHENNAI-600 032)

## Application form for admission to Allied Health Sciences Programmes

[Read the application form carefully before filling. DONT LEAVE ANY FIELD EMPTY]

### 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 : .....

**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:

.....

.....

.....

Medium of Instruction : .....

Year of Passing : .....

Subject	Maximum marks	Minimum marks	Marks Obtained	Percentage
English				
Physics				
Chemistry				
Biology				
Botany				
Zoology				

Total Marks ...../.....

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

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

**19. 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 Applicant

Date: \_\_\_\_\_

**20. Hostel accommodation required : Yes No**

**21. 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 RIAHSCollege . **I also accept that any fees paid will not be refunded**

**In case of discontinuation of course.**

Name of the Parent/ Guardian : .....

Signature : .....



**Required Certificates (Attested photo copies and Original) :**

- 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) 8 copies of recent white background passport size photograph
- 9) Aadhar Card copy
- 10) Medical Certificate from a competent Medical Officer
- 11) Eligibility certificate (other than HSC of Tamil Nadu)
- 12) Blood group certificate
- 13) Nativity certificate
- 14) Income certificate

Date of Admission : .....

Admission No : .....

Admission Fee paid : .....

Tuition fee paid : .....

**FOR OFFICE USE ONLY**

.....Signature of the Principal

.....Signature of the Administrator