



# Dr. JEYASEKHARAN MEDICAL TRUST COLLEGE OF ALLIED HEALTH SCIENCES

K.P.Road, Nagercoil – 629 003, Kanyakumari District, Tamil Nadu, India.

Phone No.: +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 : .....

.....

.....

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. 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: \_\_\_\_\_

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

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

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

21. Hostel accommodation required :       Yes       No

**22. 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 Allied Health Sciences. 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. Application forms can be downloaded from our Website [www.jeyasekharanmedicaltrust.com](http://www.jeyasekharanmedicaltrust.com). Downloaded application form shall be submitted accompanied by a Demand Draft in favour of “**Dr.Jeyasekharan Medical Trust, School of Nursing**” for Rs.500/- (Five hundred only) payable at Nagercoil.
- 2. Completed Application shall be sent to: The Administrator/The Principal, Dr. Jeysekharan Medical Trust, College of Allied Health Sciences, K.P.Road, Nagercoil, Kanyakumari District, Tamil Nadu -629003.  
Phone No.: +91 98421 33987 / +91 77089 94976. Email: [education@jeyasekharanmedicaltrust.com](mailto:education@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

**FOR OFFICE USE ONLY**

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

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

.....  
Signature of the Course Director

.....  
Signature of the Administrator