

Application No.

SHIFA INSTITUTE OF MEDICAL SCIENCES (SIMS)

(A JOINT VENTURE OF ALSHIFA HOSPITAL AND SIFA MEDICAL TRUST)

ALSHIFA COLLEGE OF PARAMEDICAL SCIENCES

Lemon Valley, Angadippuram, Perintalmanna.

Phone : 04933 224299, 224298 E-mail: sims@sims_alshifa.com Web: www.sims_alshifa.com

APPLICATION FOR ADMISSION FOR THE ACADEMIC YEAR

Instructions to the Candidate

Course applied for (Tick whichever applicable)*

DOTT DMLT DRT

Last date of submission of application form 200.....

1. Name of Applicant(in capitals) _____

2. Age and Date of Birth _____
Age _____ Date _____ Month _____ Year _____

3. Sex (Please tick) Male Female

4. Marital Status Single Married

5. Caste & Community _____

6. Name of the Parent/Guardian/
Spouse with Occupation _____

7. Address (with phone)

Permenent Address	Address for Communication
Ph: _____	Ph: _____

8. Details of Qualifying Examination (Attach the relevent documents):

Examination HSC/10+2/Equivalent	University/Board/School	Year/Month of pass with Reg. No.

*Course Code:

Diploma in Operation Theatre Technology DOTT

Diploma in Radiological Techniques DRT

Diploma in Medical Laboratory Technology DMLT

9. Subject wise marks obtained in qualifying exam

Subject	Max. Marks	Marks Obtained	%Mark
Physics			
Chemistry			
Biology/Mathematics			
Total PCB/M			

10. Are you Physically Handicaped Yes _____ No _____

11. Do you need of Hostel Accommodation Yes _____ No _____

DECLARATION BY THE CANDIDATE

I, (Name..... S/o / D/ohereby declare that I have carefully gone through the rules & regulations of the institution and promise to abide by them. I further declare that the statements made by me in this application & the documents produced in support thereof are true to the best of my knowledge and belief.

Counter Signature by Parent/Guardian/Spouse

Signature of the Candidate

Place:

Date:

For Office Use Only

Application No.

Roll. No.

Details of Certificates verified and deposited

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Remarks

verified by

PRINCIPAL