

**FATHER MULLER ALLIED HEALTH SCIENCES, COLLEGE THUMBAY**  
( A unit of Father Muller Charitable Institutions), affiliated to RGUHS  
**THUMBAY , BANTWAL -574143**

**APPLICATION FOR ADMISSION TO PARA MEDICAL COURSE**  
**FOR THE ACADEMIC YEAR 2024-2025**

COURSE APPLIED FOR

From :

.....  
.....  
.....  
Pin code .....

Amount. : Rs.750/-  
Dated :  
Bank :

**DECLARATION BY THE CANDIDATE**

I hereby state that I have filled this form myself and to the best of my knowledge, the particulars given below are true. I have read and understood its Prospectus and undertake to abide by all the rules and regulations. I also agree to follow the discipline of the College and promise not to indulge in any form of activity that will bring down the name of the Institution:

.....  
**Signature of Parent/Guardian**

.....  
**Signature of Candidate**  
Date :

Name of the Parent /Guarantor: .....

1. Name of the Applicant in full:  
(BLOCK LETTERS)

2. Name of the Father

3. Name of the Mother

4. Date of Birth

Place of Birth

5. Sex :

6. Height

7. Weight:

8. Identification marks (1)  
(2)

9. Health Status - Any past illness

10. Passport No.:

11. Nationality:

12. State of Present Residence :

13. State of Domicile

14. Religion :

15. Caste:

16. Mother Tongue:

17. Blood Group

18. Languages known

Read						
Write						
Speak						

Stick  
Passport size  
photograph

19. Annual Income of the Family

20. Permanent Address : .....  
.....  
.....

21. Correspondence Address: .....  
.....  
.....

22. Telephone : (Res) STD Code : ..... Number : .....  
Student Phone Number: .....  
Parent Phone Number: Father ..... Mother .....  
Student Email id : .....  
Parent Email id : .....

ACADEMIC RECORD *							
Course	Institution/ School	Year of Passing	Class	Marks /Grade		State of study	Country
				Max.	Obtain -ed		
SSLC							
PUC / Degree							
	<u>Subjects</u>						

- - Enclose self attested copies of the marks cards
- - Enclose self attested copy of Medical Fitness certificate from Govt. doctor

**BRIEF FAMILY HISTORY:**

	Name	Age	Health Status	Qualification/ Designation	Place of Work	Income
Father						
Mother						
Brothers/						
Sisters :						

Details of Extra Curricular Activities if any .....  
..... Hobbies .....

PRINCIPAL