

WESTFORT INSTITUTE OF PARAMEDICAL SCIENCES (WIMS)

	<p>(Approved by Directorate of Medical Education & Affiliated to Kerala University of Health & Allied Sciences)</p> <p>Westfort Academy for Higher Education (WAHE)</p> <p>M.G.Kavu P.O, Pottore , Thrissur - 680 581</p> <p>Ph.No. 0487 - 2200801, 2204343,2206444, 2206445</p> <p>Fax No: 0487 - 2200801</p> <p>Email:wims33@gmail.com , wahethrissur@gmail.com</p>	<p>Affix Recent Passport size Colour Photo</p>
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APPLICATION FOR ADMISSION TO B.Sc. MLT COURSE FOR THE ACADEMIC YEAR 2011 - 2012

(Use only capital Letters)

1	Name of the Applicant																				
2	Expansion of Initial(s)																				
3	Age & Date of Birth																				
4	Sex (Please Tick)	M		F																	
5	Marital Status (Please Tick)	Single		Married																	
6	Caste & Religion																				
7	Name of Parent / Guardian / Spouse																				
8	Occupation of Parent / Guardian / Spouse																				
9	Address for Communication																				
																	PIN				
	E-mail																				
	Mobile																				
	Telephone No.with STD Code																				
10	Permanent Address																				
																	PIN				

FOR OFFICE USE ONLY

Rank No		Application No.	
Roll 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	Details of Fee Receipt	_____	<input type="checkbox"/>
a.	Amount / Receipt No/ Name of Bank	_____	<input type="checkbox"/>
10	Allotment List	_____	<input type="checkbox"/>
11	Copy of Passport and Visa and Sponsor in NRI admission	_____	<input type="checkbox"/>
12	Self Addressed Stamped Cover (3 nos)	_____	<input type="checkbox"/>

Particulars & Original Certificates verified by	Name	Signature

Remarks

Principal	
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