



WESTFORT INSTITUTE OF PARAMEDICAL SCIENCES

(WESTFORT ACADEMY FOR HIGHER EDUCATION)

P.B.No.16, Pottore, Thrissur - 680 581. Ph No: 0487 - 2200801, 2204343

Email : wims33@gmail.com

(Approved by Directorate of Medical Education & Govt of Kerala)

APPLICATION FOR PARAMEDICAL COURSES (DMLT, DRT , DOTT, DDT & DCVT)

Last Date of Submission

Sl.No.

Photograph
(to be
attested by a
Gazetted Officer)

Courses for which admission is sought (In the order of preference)
1. DMLT
2. DRT
3. DOTT
4. DCVT
5. DDT

- 1 Name of the candidate as in S.S.L.C.Book :
(In block letters)
- 2 Name of the Father and Occupation :
- 3 Name of the Mother and Occupation :
- 4 Permanent Address :

- Ph.No.with STD Code :
- 5 Address for communication :

- 6 Sex :
- 7 Age and Date of Birth :
- 8 Nationality :
- 9 Religion and Caste :
- 10 Place of Birth :
- 11 State / District :
- 12 Seat applied :

Management NRI Merit

- 13 Details of qualifying examination

School / College	
Board / University	
Reg.No. / Month / Year	

Subject Marks

Subject	Max.Marks	Marks Awarded	Percentage
Physics			
Chemistry			
Biology			
Total			

- 14 Mention if any other qualifications like Diploma, Degree etc.
- 15 Attach S.S.L.C, +2 Marklists, Certificates/Marklists of other qualifications, if any (Photocopy Attested)
- 16 Attach three self addressed stamped cover

DECLARATION

I (Name)
here by solemnly and sincerely affirm
that all statements made in the
applications are true, complete and
correct to the best of my knowledge and
belief and that I agree to abide by the
rules and regulations governing the
course

I (Name)have fully
read the information furnished by my
son / daughter / ward and affirm that
the same is true, complete and correct
to the best of my knowledge.

Signature of the Applicant :
Name :

Signature of the Guardian:
Name:

Place :
Date :

Place :
Date :

Details of Enclosures :

- 1
 - 2
 - 3
 - 4
 - 5
-

FOR OFFICE USE ONLY

Course		Reservation category (if eligible)	
Index Mark		Admission No.	
Rank No.		Date of Admission	

DETAILS OF FEES PAYABLE

Purpose	Amount	Name of the Bank for DD payment
Course Deposit		
Ist Semester Fee		
Other Fees		

Verified the above entries and found correct

Eligible for admission

Admitted

Not eligible for admission
For the reasons

Not Admitted

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Principal