

VAIDYA EDUCATION TRUST (R.)

VAIDYA INSTITUTE OF PARAMEDICAL SCIENCES

(Recognized by Paramedical Board and Government of Karnataka)

First Floor, Bank of Baroda Building, B. M Road, Channarayana-573116, Hassan District,
Karnataka. Phone & Fax: 08176-200936, Mobile No.: 9740239936 / 9980449936

E-mail: vaidyagroupofinstitutions@gmail.com website: www.vaidyagroupofinstitutions.com

APPLICATION FORM FOR PARAMEDICAL COURSES

APPLICATION NO.

PMS/

- Note:**
1. Application should be filled by candidates only
 2. Incomplete Application will not be considered.
 3. Applications should be filled in block letters only.

Affix Recent
Passport size
Photo

D.M.L.T D.H.I DOT&AT D.M.I.T

Aadhar No.:

Name

Age Date of Birth / / Gender

Religion Caste Mother Tongue

Languages Known

Fathers Name Mothers Name

Nationality Blood Group Email ID

Whether candidate belongs to SC/ST/OBC/

For Backward Class, Valid Document to be Produced (Karnataka Candidate only)

Annual Income of Parents/Guardian

Postal Address

Phone

Mobile number of Parent/Guardian: Father Mother

Local Guardian's Address

Phone

Academic Qualification Last Institution Studied (with Address)

Course Studied	Year of Passing	Statement of Marks						No. of Attempts	Indicate Marks Obtained for the following subject	
									Marks Obtained	% (Percentage)
Science										
Commerce										
Arts										
10th/ S.S.L.C										

List of Attested photocopies of the Certificates to be enclosed along with application:

Sl.No.	Certificates	Yes/No	Sl.No.	Certificates	Yes/No
1.	12th/ PUC certificate		8.	Conduct certificate from head of the institution last attended	
2.	10th / S.S.L.C Certificate		9.	Migration Certificate	
3.	Transfer Certificate		10.	Ration card Copy	
4.	Caste Certificate		11.	Bank Pass book Copy	
5.	Income Certificate		12.	Physical Fitness	
6.	Aadhar Certificate		13.	Residential Certificate	
7.	10 recent passport photos		14.	Others	

Declaration by the Candidate & Parent: We hereby declare that all the information provided in the application form above is true to the best of our knowledge and belief.

SSP I D:

Date _____

Signature of the Parent / Guardian

Signature of the Candidate

Place _____

Note:

1. Fees and Other Considerations are to be paid through DD in favor of “**Principal, Vaidya Institute of Paramedical Sciences, Channarayapatna.**”
2. Fees once paid will not be refunded at all.

(For office use only)

Admitted: Yes / No D.M.L.T ☐ D.H.I ☐ DOT&AT ☐ D.M.I.T ☐

Admission No:

(Signature of Administrator)

(Signature of the Principal)