

INSTITUTE OF ALLIED HEALTH SCIENCES

(Affiliated to The Tamilnadu Dr.MGR Medical University)

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APPLICATION FORM

(Use black/blue ball point pen and write in **CAPITAL** letters)

Name of the Course Applied for

Name of the Applicant

Date of Birth
(dd/mm/yyyy)

Gender

 M F

Father's Name &
Occupation

Mother's Name &
Occupation

AFFIX PHOTO
(Self attested recent
Passport size photo)

Present Address

Telephone

Mobile

Email

ACADEMIC DETAILS

Qualification	Name of the Institution & Board	Year of Completion	Subjects	Marks
SSLC/ 10 Std				
			Total	

Cost of Application Rs. 500/-

Qualification	Name of the Institution & Board	Year of Completion	Subjects	Marks
HSC/ 12 Std				
			Total	

OTHER QUALIFICATIONS

Qualification	Name of the Institution & Board	Year of Completion	Subjects	Marks
			Total	

Hostel accommodation required: Yes No

DECLARATION BY THE CANDIDATE

I certify that the particulars given by me in the application form are true to the best of my knowledge and belief.

Date:

Place:

Signature of the Applicant

The following self attested document photocopies should be enclosed with the application:

1. SSLC/10th Mark Sheet
2. HSC/Equivalent Mark sheet
3. Transfer Certificate
4. Community Certificate
5. Conduct Certificate

FOR OFFICE USE

Application No:

Registered: Y N

Signature