



PGP INSTITUTE OF ALLIED HEALTH SCIENCES

NAMAKKAL - 637 207

Affiliated to the Tamilnadu Dr. M.G.R. Medical University, Chennai.

Cell : 8939808576 Email : allied@pgpews.com Fax No. : 04286 - 267593

APPLICATION FOR B.Sc. _____ - (4 years)

(Kindly fill the application in CAPITAL LETTERS)

**Affix
Photo**

1. Name of the Candidate :
(As given in the School Leaving Certificate)
2. Gender :
3. Age, Date and Place of Birth :
4. a) Father's Name & Mother's Name :
b) Parent's Occupation & Income per annum :
5. Permanent Address of the Parent Guardian with Phone No. & E-mail Id :
6. Nationality, Religion, Caste :
Category : OBC / BC / MBC / SC / ST
7. Mother Tongue :
8. Medium of Instruction in the 12th Standard : English / Tamil or Specify
9. State of which the applicant belongs to : Tamilnadu / Other State
10. Have you been a student in any class of any Professional College : Yes / No
If yes, Specify the course and year of the study

(b) Marks obtained in the H.Sc. (or) Equivalent Examination :

Subject	Registration No.	Month & Year of Passing	Mark Obtained	Maximum Marks
Tamil				
English				
Physics				
Chemistry				
Biology				
Botany				
Zoology				
Mathematics				
Total / Percentage				

12. If Living with guardian : Yes / No

(a) Name :

(b) Occupation & Income per annum :

(c) State relationship with guardian :

13. Whether the candidate has any :
Physical disability, If so specify
the nature of disability

14. Do you require Hostel Accommodation: Yes / No

15. Have you participated in Games / :
Athletics at District / State /
National Level?

DECLARATION BY THE PARENT / GUARDIAN AND THE CANDIDATE

We S/o/D/o do hereby agree to abide by the rules and regulations of the College / Hostel. We agree to the decision of the college / Hostel, if any violation of rules and regulation. We undertake that information furnished by us in this application is true and correct and I undertake that any wrong information furnished by me, detected afterwards will be treated as cognizable offence. The fees one paid will not be refunded.

We further undertake that my ward will not involve in any ragging activities in the college and hostel premises. We understand and accept that criminal case will be filed against my ward if He / She indulge in ragging.

Signature of the Candidate

Signature of the Parents / Guardian

Place :

Date :

OFFICE USE ONLY (Not to be filled by candidate)

1. Registration No. :