



Vydehi Institute of Medical Science & Research Centre

82, EPIP Area, Whitefield, Bangalore - 560 066.

Ph : 080-41157291, 41157292. Fax : 91-80-41157291

e-mail: info@vims.ac.in

Visit us at www.vims.ac.in

APPLICATION FORM

B.Sc Cardiac Care

Affix Recent
Passport Size
Photo

Name : _____

Date of Birth : Date Month Year Gender : Blood Group

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Father's Name : _____ Mother's Name : _____

Nationality : _____ Religion : _____ Caste : _____

Address for Correspondence : _____

City : _____ Pin Code : _____ State : _____ Tel: _____

Permanent Address : _____

City : _____ Pin Code : _____ State : _____ Tel: _____

Email ID of the Student / Parent : _____
(If available)

Educational Qualifications :

Course	Board / Institution / University	Subjects	Year of Passing	Aggregate % of marks and class obtained	
				% Marks	Class
10 th Standard					
12 th Standard					
B.Sc.					

Enclose certified / self-attested copies of Marks Cards, Transfer Certificate and Migration Certificate.
Eligibility and Verification Certificates required only for students of Jammu and Kashmir.

Interests and Hobbies

Awards and Honours received

Declaration by the candidate :

I declare that the information provided in this application form is true to the best of my knowledge and belief.

Date : _____

Signature of the candidate

Place : _____

Signature of the Parent / Guardian

→ Certificates / Documents that are required :

- * 10th or S.S.L.C. Marks Card * 12th or P.U.C. Marks Card (Qualifying for B.Sc., Course)
- * B.Sc., Marks Card * Transfer Certificate * Migration Certificate
- * Domicile Certificate * Verification Certificate (only for Jammu & Kashmir Students) * Passport Size (10) and stamp size (5) recent photographs

<u>For Office use only</u>	
Class to which admitted :	_____
Date of admission :	_____
Amount Paid (Rs.) : College :	_____ Hostel : _____
I.D. No. :	_____
Principal	