



# Vydehi Institute of Medical Science & Research Centre

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## APPLICATION FORM

### **B.Sc Perfusion**

Affix Recent  
Passport Size  
Photo

Name : \_\_\_\_\_

Date of  
Birth :

Date

Month

Year

Gender :

M

F

Blood Group

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 <sup>th</sup> Standard					
12 <sup>th</sup> 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 :**

- \* 10<sup>th</sup> or S.S.L.C. Marks Card \* 12<sup>th</sup> 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

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