



# VYDEHI INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

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Affix Photo

Appln No. **VIMS :**

## APPLICATION FORM

Name of the Candidate:

Gender :  M  F Date of Birth         Age   Yrs

\* Write Date of Birth as it is in the SSLC / 10<sup>th</sup> Standard Marks Card

Father's Name :

Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_

Annual Income : \_\_\_\_\_

Mother's Name :

Occupation : \_\_\_\_\_ Designation : \_\_\_\_\_

Annual Income : \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_ Ph (R) : \_\_\_\_\_

Ph (O) : \_\_\_\_\_ Mob \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address : \_\_\_\_\_

City : \_\_\_\_\_

State : \_\_\_\_\_ Country \_\_\_\_\_ Pin Code \_\_\_\_\_ Ph (R) : \_\_\_\_\_

Ph (O) : \_\_\_\_\_ Mob \_\_\_\_\_ Email \_\_\_\_\_

Name of the Local Guardian \_\_\_\_\_

Relationship with guardian \_\_\_\_\_ Address of the Guardian \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_ Ph(R) \_\_\_\_\_

Ph (O) \_\_\_\_\_ Mob \_\_\_\_\_ Email ID \_\_\_\_\_

Mother's Tongue \_\_\_\_\_ Native State : \_\_\_\_\_

Minority Status :  Religious  Linguistic, if Yes, Specify \_\_\_\_\_

**Educational Qualifications :**

	Course / Board	Institution	Year of Passing	Aggregate %
10 <sup>th</sup> Standard				
12 <sup>th</sup> Standard				
Subjects	English			
	Second Language			
	Physics			
	Chemistry			
	Biology			
	Total Average of PCB			

Attested Photocopies of the Following Certificates to be enclosed along with 5 recent Passport Size Photographs

SSLC / PUC Certificates and Mark Sheet	<input type="checkbox"/> Y <input type="checkbox"/> N	Migration Certificate	<input type="checkbox"/> Y <input type="checkbox"/> N
Eligibility Certificate	<input type="checkbox"/> Y <input type="checkbox"/> N	Transfer Certificate	<input type="checkbox"/> Y <input type="checkbox"/> N
Conduct Certificate from Head of the Institution last attended	<input type="checkbox"/> Y <input type="checkbox"/> N	Medical Fitness Certificate	<input type="checkbox"/> Y <input type="checkbox"/> N
Certification of Vaccination	<input type="checkbox"/> Y <input type="checkbox"/> N	PassPort Copy	<input type="checkbox"/> Y <input type="checkbox"/> N

**Declaration by the candidate :**

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

Signature of the candidate

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of the Parent / Guardian