



VYDEHI INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

82, EPIP Area, Whitefield, Bangalore - 560 066.
Ph : 91-080-28413381/2/3/4/5 Fax : 91-80-28416199 / 28412956
E-mail : info@vims.ac.in Visit us at www.vims.ac.in

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 / 10th 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 th Standard				
12 th 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