

VYDEHI INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

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Application No.

**APPLICATION FORM FOR PARAMEDICAL COURSES**

- B.Sc. (Radiology)
- B.Sc. (Renal Dialysis)
- B.Sc. (C.T. Technology)
- B.Sc. (Anesthesia)

Name \_\_\_\_\_

Nationality \_\_\_\_\_

Age

Date of birth

Gender

Religion/ Caste \_\_\_\_\_

Mother Tongue \_\_\_\_\_ Whether Candidate belongs to SC/ST or other

Parent / Guardian's Name \_\_\_\_\_

Backward class (Valid Document to be produced) \_\_\_\_\_

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

Postal Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Academic Qualification \_\_\_\_\_ Last Institution attended with Address

\_\_\_\_\_

Subject Studied	Year of Passing PCD/PUC/+2	No. of Attempts	Indicate Marks Obtained for the Following Subjects (Percentage)	
			English	
			Physics	
			Chemistry	
			Biology	
			Total Average	

Physical Fitness (Height, Weight, Identification Marks) \_\_\_\_\_

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"/>	Only for B.Sc. Nursing Migration Certificates	<input type="checkbox"/>
(Only for B.Sc.) Eligibility	<input type="checkbox"/>	Transfer Certificate	<input type="checkbox"/>
Conduct Certificate from Head Of the Institution last attended	<input type="checkbox"/>	Medical Fitness Certificates	<input type="checkbox"/>
Certificate of Vaccination	<input type="checkbox"/>		

Local Guardian's Address \_\_\_\_\_

Phone \_\_\_\_\_

Declaration by the candidate

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

Date \_\_\_\_\_ Signature of the Parent/Guardian      Signature of the Candidate

Place \_\_\_\_\_