

10. Address for Correspondence with Phone Nos.

District

Pincode

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Land Line Phone Nos.

Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Permanent Address with Phone Nos. **(Please fill, if it is different from Sl. No. 10)**

District

Pincode

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

Land Line Phone Nos.

Mobile Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12. E-mail ID (if any):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13. Parent's/Guardian's Occupation:

14. Monthly Income:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. Whether physically challenged person (Please mention) :

16. Extra Curricular Activities, if any :

17. Details of Educational Qualification including Additional Qualifications, if any.
(Proof to be attached)

S. No.	Regn. No.	Name of the School/College	Course Studied	University /Board	Subjects	Percentage – Aggregate	Month & Year of Passing (Mention the attempt)

18. List of enclosures (Attested Xerox Copies)

- Transfer Certificate
- Mark Sheet
- Community Certificate
- Eligibility Certificate obtained from the University for non Higher Secondary Courses, i.e., other than Higher Secondary of Tamil Nadu
- Six Passport Size Photographs
- Income Certificate for BC/BCM/SC/ST (Salary less than 2 Lakh/yr)

19. Payment of Application Fee of Rs. 250/- to be drawn in favour of Kavary Medical Trust, payable at Trichy.

Payment Mode	Number	Date	Issuing Bank Name	Branch/Area	Amount
Demand Draft					

DECLARATION

I declare that the statements are true to the best of my knowledge. I solemnly assure you that I will obey the authorities of the Institution in all aspects. I will not indulge in any activities detrimental to the interest of the Institution. I am aware that in matters of discipline, the decision of the Institution authorities is final. I have completed 17 years of age but am below 35 Years of age.

Date

Signature of the Applicant
(with Name in Capital Letters)

Signature of the Parent/Guardian

For Office Use Only:

Date of issue of Application form: _____

Particulars of Application fee paid : Rs. _____

Course Counseling given by :

Date(s):

Application Scrutinized by :

Remarks: Eligibility for Admission: **Yes / No.**

Signature of Principal

Signature of KIMS Advisor