

**COLLEGE OF HEALTH SCIENCES  
PONDICHERRY INSTITUTE OF MEDICAL SCIENCES  
(A Unit of Madras Medical Mission)  
Kalapet, Pondicherry- 14**

**Application form for the Health Sciences Courses: Academic Year 2023-24**

**Health Sciences Programs (Please tick in appropriate box)**

<b>1</b>	<b>B.Sc. Medical Laboratory Technology (MLT)</b>	
<b>2</b>	<b>B.Sc. Medical Radiology &amp; Imaging Technology (MRIT)</b>	
<b>3</b>	<b>Bachelor of Physiotherapy (B.P.T)</b>	

- a First Choice**                   -----
- b Second Choice**               -----
- c Third Choice**                 -----

**I. Personal Details**

<b>1</b>	<b>Name of the Candidate</b> (as given in the degree certificates / SSLC)	
<b>2</b>	<b>Name of the Guardian</b>	
<b>3</b>	<b>Date of Birth and Age</b>	
<b>4</b>	<b>Gender</b>	
<b>5</b>	<b>Religion &amp; caste</b>	
<b>6</b>	<b>Nationality</b>	
<b>7</b>	<b>Address for Communication</b>	
<b>8</b>	<b>Candidate Mobile No and email ID</b>	
<b>9</b>	<b>Parent's Mobile No and email ID</b>	
<b>10</b>	<b>Aadhar Number</b>	

## II. QUALIFICATIONS

### A. General Education

SL No	Qualification	Year of Passing	University or Board	% of Marks /grade/class
1	S.S.L.C			
2	Higher Secondary / Pre University/ Pre – Degree			

### B. Marks in H.Sc. /Pre University/Any Equivalent

S.No	Subjects	Max.Marks	Marks Obtained	% of Marks
1	Physics			
2	Chemistry			
3	Biology/Zoology			
Total				
4	English			
5	Others			

### Self-Declaration

The above details furnished are true to my knowledge and I am responsible for any discrepancy if found and their consequences.

Date:

Place:

*Signature of the Candidate*