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Photo

APPLICATION FORM

APPLICATION NO: ACMI

DATE:/...../.....

Aster CMI Hospital, Institute of Allied Health Sciences

(Affiliated to Rajiv Gandhi University of Health Sciences,)

#43/2, New Airport Road, NH-7, Sahakra Nagar, Bengaluru – 560092

Ph.No. 080-43420100/148 , 7625039893

1. Name

2. Date of birth..... Place of Birth..... Blood group.....

3. E-mail ID..... Mobile No.....

4. Father's Name..... Mobile No.....

5. Occupation Annual Income.....

6. Mother Name..... Occupation

7. Address :

Local

Permanent

8. Nationality..... State of Domicile..... Mother Tongue

9. Religion..... Caste..... Sub caste.....

10. Details of Examination

a. Examination Passed..... Total Marks.....

b. Board Name.....

c. Name of the institute.....

d. Medium of Instruction.....

e. Total percentage of Marks.....

f. PCB/PCMB percentage marks*

(*Applicable to candidates applying on the basis of 12th Marks)

Subject	Maximum Marks	Marks obtained

11. Mark the course you wish to apply

Course	Preference
B.Sc. Imaging Technology (PCMB)	
B.Sc. Anaesthesia and Operation Theater Technology (PCB)	
B.Sc. Respiratory Care Technology (PCB)	
B.Sc. Emergency and Trauma Care Technology (PCB)	
B.Sc. Renal Dialysis Technology (PCB)	

Course Fees should be paid to **MIMS ACADEMY TRUST.**

IFSC CODE : DLXB0000261,
ACCOUNT NO. : 004105300006902
BANK : DHANALAKSHMI BANK
BRANCH : CALICUT MAIN BRANCH
BRANCH CODE : 261
ADDRESS : DHANALAKSHMI BANK Ltd,
MIMS, GOVINDAPURAM, KOZHICKODE

Declaration

I hereby certify that the information furnished above is true to the best of my knowledge and belief. I promise to abide by the rules and regulation of the college, its authorities and will accept the decision of the Principal as final, in all matters of discipline vide rules in the college calendar or as may be issued from time to time

Candidates Name and Signature

Parent / Guardian Signature