

ANNEXURE – II

_____MEDICAL COLLEGE_____DISTRICT

Application for Admission to Allied Healthcare Certificate Courses (2025–2026)

(To be submitted at the Government Medical College Office)

1. Personal Details

1. Name of the Candidate (in BLOCK letters): _____
2. Gender: ☐ Male ☐ Female ☐ Transgender
3. Date of Birth (DD/MM/YYYY): ____ / ____ / ____
4. Age as on 31.12.2025: ____ Years ____ Months
5. Father's / Mother's / Guardian's Name: _____
6. Occupation of Parent/Guardian: _____
7. Annual Family Income: ₹ _____
8. Address for Communication: _____

District: _____ PIN: _____

Mobile Number: _____

Email ID (if any): _____

2. Educational Qualification

1. Medium of Instruction: ☐ Tamil ☐ English ☐ Others _____
2. SSLC Passed: ☐ Yes ☐ No -Year of Passing _____
3. HSC Passed: ☐ Yes ☐ No -Year of Passing _____

Subject	Max Marks	Obtained Marks	Total marks filled up by officials
Physics			
Chemistry			
Botany			
Zoology			
Biology			
Total			

3. Community / Reservation Category

☐ OC ☐ BC ☐ BCM ☐ MBC / DNC ☐ SC ☐ SCA ☐ ST

(Attach attested copy of valid Community Certificate)

4. Nativity

☐ Tamil Nadu Native

(Attach Nativity Certificate)

5. Differently Abled Candidate Yes ☐ No ☐

6. Course Preference

Please indicate order of preference by writing 1, 2, 3... against courses

Preference

- | | |
|---|--------------------------|
| 1. Cardio Sonography Technician | ☐ |
| 2. ECG / Tread Mill Technician | ☐ |
| 3. Pump Technician | ☐ |
| 4. Cardiac Catheterisation Lab Technician | ☐ |
| 5. Emergency Care Technician | ☐ |
| 6. Respiratory Therapy Technician | ☐ |
| 7. Dialysis Technician | ☐ |
| 8. Anaesthesia Technician | ☐ |
| 9. Theatre Technician | ☐ |
| 10. Orthopaedic Technician | ☐ |
| 11. EEG / EMG Technician (1 Year) | ☐ |

12. Home Health Care (1 Year) ☐
13. Psychiatric Support Worker ☐
14. Multipurpose Hospital Worker ☐
15. Medical Record Technician ☐

7. Enclosures (Tick ✓ the documents attached)

(Xerox + Original for verification)

1. ☐ SSLC
2. ☐ HSC Mark Sheet
3. ☐ Transfer Certificate
4. ☐ Community Certificate
5. ☐ Nativity Certificate (if applicable)
6. ☐ Aadhar Card
7. ☐ For Differently Abled candidates disability certificate from District Medical Board should be attached .

8. Declaration by the Candidate

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge. I understand that my application may be rejected and/or admission cancelled if any information provided is found to be false.

Signature of the Candidate: _____

Date: ____ / ____ / 2025

Place: _____

Acknowledgement Slip (To be returned to Candidate)

Received application from _____ (Name of Candidate) for admission into Allied Healthcare Certificate Courses 2025–2026.

Application No: _____

Date: ____ / ____ / 2025

Signature & Seal of Receiving Officer