

**CANCER INSTITUTE (W.I.A.)
Adyar, Chennai – 600 020**

**Application for Admission to Allied Health Science Under Graduate Degree Course
(Affiliated to the Tamil Nadu Dr.M.G.R Medical University)
Academic Year: 2023-2024**

Application Fee Details:		Photo
Name of the Bank:		
DD No. & Date		

Name of the Course: B.Sc

Sl.No	Name of the course	If more than 1 course, Order of priority (1 to 4)
1	B.Sc – Nuclear Medicine Technology	
2	B.Sc – Operation Theatre and Anaesthesia Technology	
3	B.Sc – Radiography & Imaging Technology	
4	B.Sc – Radiotherapy Technology	

Name (CAPITAL LETTERS)	
Date of Birth	
Age (in years as on Dec 2023)	
Sex	Male Female
Marital Status	Married Unmarried
Nativity	
Name of Father/Mother/Spouse	
Occupation of Father/Mother/Spouse	
Communication Address	
Mobile Number:	Alternate Mobile Number:
Email –Id	

Religion	
Community	

Educational Details:

Secondary School Examination (10th Standard)	
Name of the School	
School Located (Town/City & State)	
Board	
Register No:	
Month & Year of Passing	
No.of attempts	
Higher Secondary School Examination (12th Standard)	
Name of the School	
School Located (Town/City & State)	
Board	
Register No:	
Month & Year of Passing	
No.of attempts	
Diploma/Degree	
Name of the Institution/College	
Name of the Course	
Duration of the Course	
Date of completion	
Month & Year of Passing	
No.of attempts	

Marks Obtained HSCC:

Subject	Maximum Marks	Marks Obtained
Tamil		
Other Language		
English		
Physics		
Chemistry		
Biology		
Botany		
Zoology		
Mathematics		
Computer Science		
Total		

Check list of documents to be submitted

Sl.No.	Certificate	Yes	No	Not applicable
1.	Demand draft			
2.	SSLC (or equivalent) mark sheet			
3.	HSC (or equivalent) mark sheet			
4	Transfer certificate after completion of HSC			
5	Migration Certificate (Other than Tamil Nadu HSC Board)			
6	Eligibility Certificate (Other than Tamil Nadu HSC Board)			
7	Nativity Certificate			
8	Community Certificate			
9	Aadhar Card			

DECLARATION

I, _____, do hereby solemnly and sincerely affirm that the statements made and information furnished in my application form, as also in all the enclosures hereto submitted by me, are true and complete. Should it however be found that the information furnished therein is untrue in material particulars, I realize that I am liable for criminal prosecution and I will also be liable to forfeit the seat and / or be removed from the rolls of the Institute at whatever stage of study I may be.

I, _____, Father / Mother / Guardian of _____ hereby solemnly declare that I am fully aware of the above declaration and the particulars furnished are correct. I declare that if it is found otherwise my ward will be liable to forfeit the seat and also be liable for criminal prosecution.

Place:

Date :

Signature of the Candidate

Place:

Date :

Signature of the Parent/Guardian