



**INDIAN MEDICAL ASSOCIATION – TAMIL NADU
PARAMEDICAL WING
STUDENT APPLICATION FORM FOR ADMISSION**



Course :
 Academic Year :
 Institution Name & Address :

1. Name of the applicant as per 10th Certificate, in Capital letter :(Attach cert. Copy)

2. Sex (Male / Female) 3. Date of Birth (As per 10th Mark Sheet) :

4. t

	Father	Mother	Guardian with relationship
Name			
Qualification			
Occupation			
Designation			
Income			

5. Address for correspondence of the applicant:.....

Phone/Cell No:.....

Permanent Address:
 Phone/Cell No:.....

6. Give the following particulars concerning your Education:

Examination Passed	Subjects	Year	Name of the School

7. Reference : Name and Address of two responsible persons who can vouch for the applicant.

1) Name.....
 Relationship.....
 Address.....

 Phone/CellNo.....

2) Name.....
 Relationship.....
 Address.....

 Phone/CellNo.....

Office Seal of the Paramedical Institute

Signature of the Correspondent / Principal

DECLARATION

I,aged.....years, Son / Daughter of
.....residing atdo hereby solemnly
declare and states as follows.

1. That I have enrolled for thecourse conducted by IMA for the academic yearat my own will and desire and after having consent from my parents/Guardian. The entries in the application form are true, complete and correct to the best of my knowledge and belief.
2. I have been explained by the Institute and I understood that the Paramedical course conducted by IMA is not approved by Govt./ MCI/ any University. It is for the employment in the Nursing Homes registered in Nursing Home Board of IMA and cannot be registered in MCI.
3. I shall be willing to serve in any department of the Institute/Hospital/Clinic/Urban or Rural area at any time during my theory and practical training classes/period or field practice at my own expenses.
4. I do hereby agree to pay the cost of damages caused to the movable and immovable property of the Institute or any departments concerned by me due to neglect of duties/work.
5. I will not keep myself absent from the classes without obtaining due and prior permission from the Principal/Director.
6. Fee, once paid, is neither refundable or adjustable in any circumstances, which I have noted very clearly. The Institute will not be responsible for any change in circumstances or family economic condition or conflicts, disputes or decision to discontinue the study or any other reason.
7. In case of any dispute during training period, the decision of the authority will be final and jurisdiction for legal proceedings against the Institute will be Chennai, Tamilnadu, India only.
8. I shall extend my full co-operation and agree to abide by the decisions/ instructions of the Director / Principal of the Institute, Chennai and I shall have no objection of I am awarded fine for any act of misbehaviour, disobedience and for being absent from the class. I will not proceed in any court of law against any decision of Principal/Director in this respect.
9. I shall not take part in the political activities and students union/association/action committee etc. Of the Institute or any other Institution.
10. That I shall not use any type of intoxicants/drugs tobacco in any form in the hostel and the institute and I assure to maintain high standard of character, behaviour and hygiene during my training period.
11. I will not use cell phones / Gold ornaments inside the Institute. If found, the Institute has all rights to collect from me.

Signature of Student

Date:.....

Signature of Parent / Guardian

FOR PARAMEDICAL INSTITUTE USE ONLY

Documents Enclosed:

Seal & Signature of the Director /
Principal/Authorised Officer

FOR IMA OFFICE USE ONLY

Course Code

Regn. No.....

**IMA State Secretary
IMA TNSB**

**IMA Paramedical Chairman/Secretary
IMA TNSB**

Note: Filled form to send to: **Dr.N.Muthurajan, Hony. State Secretary-IMA TNSB, IMA PPLSSS Complex, JVL Plaza II Floor, No. 626 Anna Salai, Teynampet, Chennai-600 018.** Tel.No. 044-24341105, Cell: 9087180123, Email: imatamilnadu@gmail.com