



ANNAI NIVETHA ELECTROPATHY MEDICAL COLLEGE & HOSPITAL

Tamilnadu, India.

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Mobile:8903472533,
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(Form Code:305)

Photo

HIMS Hospital

Central Administrative office:

National institute of Liver Care & research (NILCR) Campus
404 A1, K .P Road , East of collectorate junction
Nagercoil-629001,Kanyakumari District, Tamilnadu, INDIA.

ADMISSION FORM

(2019-2020)

(APPLICATION FORM FOR ADMISSION)

B.E.M.S Course

(Each Particular is to be filled in Capital letters by the Candidate neatly and Legibly)

1. Name of Candidate in English (Block Letter)
2. Name Of Course:.....Form Code :(Admission)
3. Father's/Husband's Name in English.....Occupation.....
4. Date of BirthAge.....Sex.....
5. Address for Correspondence.....
.....
6. Permanent Address.....
.....
- Ph:-.....Mobile No:-.....E-mail:-.....
7. Education Qualification.....

S No.	Name of Examination	Month Year of Passing	Board / University	Roll No/ Registration No:	Division / Group	Marks Total

8. If any other Qualification(Attach Certificate Copy).....
 9. Medium of Study (TAMIL/English)
 10. NationalityReligion.....Caste.....
 11. Rural/Urban.....Married/Unmarried.....
 12. Whether belongs to SC/ST/BC/MBC/OBC/OC
 13. Enclose Xerox Copies of mark sheets and other testimonials /
Internet Published Marks Statement for Current academic year +2
examination appearing students.
 14. No Original certificates of any kind should be attached to the application.
 15. Languages Known a).....b).....c).....
- I solemnly declare that the above facts are correct to the best of my Knowledge.

Signature of Candidate

Rules & Regulations

1. Fees once paid is not refundable.
2. The students can also pay fee by D.D/P.O. in favor of "Annai Nivetha Electropathy Medical College" payable at Sivagangai.
3. Any change in address should be communicated to the Institute office without delay.
4. Student joining the centre shall have to abide by the rules and regulations from time to time and maintain decorum. In case of dispute, the decision of the Institute will be final.

DECLARATION /UNDERTAKING BY THE CANDIDATE/PARENTS/GUARDIAN

I here by solemnly declare and undertakes as under:-

1. That the facts mentioned above are fully correct to the best of my knowledge and belief.
2. That I am eligible for admission to the above courses according to min .and max .age for admission.
3. I shall abide by all the rules and the code of discipline during the course of my studies at the Institution.
4. I am aware that the fees once paid shall not be refunded or adjusted under any condition Whatsoever.
5. I/We have carefully gone through all the terms and conditions of admission and the manager will have full right power to cancel my admission if any wrongful information.
6. I will be responsible of my ward during course.
7. Having verified the bonafides and the performance of the Institute and fully satisfied, I am seeking admission into the Institute voluntarily. I shall abide by the rules and regulations of the Institute strictly. Ignorance of the same is not an excuse.
8. I shall be personally responsible for the payment of all his/her institute dues to the best of my knowledge The entries made by my ward are correct and in future I shall neither demand return of fee nor be authorized to file any case of law., I solemnly declare that the above facts are correct to the best of my knowledge.

Signature of Parents/Guardian

Signature of Candidate