

## 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           | <input type="checkbox"/> |
| 2. ECG / Tread Mill Technician            | <input type="checkbox"/> |
| 3. Pump Technician                        | <input type="checkbox"/> |
| 4. Cardiac Catheterisation Lab Technician | <input type="checkbox"/> |
| 5. Emergency Care Technician              | <input type="checkbox"/> |
| 6. Respiratory Therapy Technician         | <input type="checkbox"/> |
| 7. Dialysis Technician                    | <input type="checkbox"/> |
| 8. Anaesthesia Technician                 | <input type="checkbox"/> |
| 9. Theatre Technician                     | <input type="checkbox"/> |
| 10. Orthopaedic Technician                | <input type="checkbox"/> |
| 11. EEG / EMG Technician (1 Year)         | <input type="checkbox"/> |

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: \_\_\_\_\_

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**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