



**SUNDARAM MEDICAL FOUNDATION - CHENNAI**  
**Application for Admission to**  
**Basic B.Sc. Course – 3 Years in ( Accident & Emergency Care**  
**Technology)**

Please affix  
 Passport size  
 colour Photograph

**Application No. (Office Use)**

1. Name  
(As per School Record) : .....
2. Sex : .....
3. Date of Birth & Age : .....
4. Marital Status : .....
5. Caste & Community : .....
6. Religion & Nationality : .....
7. Father's Name : .....
8. Address of the Parents

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. with Code :	Telephone No. with Code:

**9. Academic Record**

Levels	Subjects	Marks %	Total Marks & Percentage	Medium of Instruction & Year of passing	Name of the Institution & Address
	Language				
	English				
	Biology				
	Physics				
	Chemistry				
	Botany				
	Zoology				
	Mathematics				

**10. Extra Curricular Activities, Hobbies**  
 (Sports, Literary, Cultural, Etc.)

11. Family Details:  
(Father, Mother, Brothers & Sisters)

Family Members with Relationship	Age	Educational Qualification	Occupation	Annual Income	Residence Address

12. Conduct & Character Certification:  
(Give Name and Address of School Head/ Principal or any person of good standing other than relatives who can certify the Conduct & Character)

Name	Occupation	Address/Contact No.

**Note: Application form can be submitted by attaching a DD for Rs.500/- in favour of Sundaram Medical Foundation. Complete the below table:**

Draft amount	DD no	Name of the bank

13. Undertaking

I hereby declare, that the above particulars are true and correct to the best of my knowledge. And I have read the prospectus and fully understood that in the event of my violation of any of the rules and regulations, I am liable to immediate dismissal from the college. Further I consent to undergo the course for its full duration. I hold myself responsible for prompt payment of fees. I undertake that I will not cause disrespect or loss of reputation by indulging in malpractice or immoral or illegal acts which amounts to indiscipline and warrants dismissal from the college.

Parent Name:

Signature of the Parent :

Date:

Signature of the Applicant:

**1Certificates Enclosed (Attested)**

- (Xerox copies only) (1) Educational Qualification (H.Sc., +2) (2) 10<sup>th</sup> Mark Sheet  
(3) Transfer Certificate (4) Community Certificate (For SC/ST, BC, OBC & MBC only)  
(5) Medical Fitness (Original)



