VAIDYARATNAMAYURVEDACOLLEGE

Ollur,Thaikkattussery-680322,Thrissur,Kerala,

APPLICATION FOR ADMISSION TO PARAMEDICAL COURSE 2026-27

1	Name of Course	
2	Name of the Candidate (In Block Letter)	
3	Age and Date of birth	
4	Sex (Male /Female)	
5	Details of the qualifying examination Passed (Plus Two / GNM)	
	a)Name of the Examination	
	b) Board /University	
	c)Month/Yearofpassing	
	e)Reg. Number	
	f)Percentage of Marks secured	
6	Name of the institution last attended	
7	a)Name of the Parent or Guardian	
	b)Relationship	
	c)Occupation &Annual income	
8	Permanent address of the parent	
9	Address for Communication	
10	Contact Details of Student	
11	Contact Details of Parent	
12	Religion and caste	

13	Aadhaar No	
14	Details of documents Submitted	
	SSLC Certificate (proof of date of birth)	
	Plus Two / GNM (Certificate)	
	Plus Two / GNM (Mark List)	
	Transfer Certificate	
	Conduct Certificate	

DECLARATION

I ……..hereby declare that the details stated above are true and correct to the best of my knowledge and belief, and I will be responsible for any false information

Place: Signature:

Date: Name of student:

For Office use only

Verified By Superintendent Section Clerk **PRINCIPAL**

Fee Collected