Application No.	



			MIMS ACADE	_			Affix Passport Size
	M	MS /			EMY		Photo
For year	For admission tocourse						
1.	Name (as in SSLC)		:				
2.	Residential address		3.	Phone	Res Mob		
			4.	Age	Date of	birth	
5.	E-mail ID :						
6.	Gender Marita	l status		N	lationality		
7.	Name & address of the guardian	:					
	Relationship of the applicant with the guardian :						
	Occupation of the guardian		: [				
8.	Educational qualifications :-						
SI.N	PDC / +2 / Diploma / Degree (with main subject)	Ins	stitution	l	Period of study	% of marks obtained	Board/University

	<u>DECLARATION BY THE APPLICANT</u>
abo	ame)
Plac	ceSignature
Date	e Name
	DECLARATION OF THE GUARDIAN
the	lame) promise and undertake, in the event of above applicant being admitted, to pay regularly all the fees including hostel fees, till the completion of course.
Plac	ce Signature
Date	e Name
<u>Not</u> 1	True copies of certificates/documents in support of coloums 4 & 8 should be attached along with the
2.	Application  Original contificates peed be produced at the time of interview only
3.	Original certificates need be produced at the time of interview only.  Last date for receiving the filled in application is
0.	Last date for receiving the mice in approach to imminimum.
	FOR OFFICE USE ONLY

MALABAR INSTITUTE OF MEDICAL SCIENCES LTD

GOVINDAPURAM P.O., CALICUT - 673 016

Phone: + 91 495 2744000, Extn No.: 91406, Fax: + 91 495 2741329 website: www.mimsacademy.org - e-mail: academy@mimsindia.com