

VAIDYA EDUCATION TRUST (R.)

VAIDYA INSTITUTE OF PARAMEDICAL SCIENCES

(Recognized by Paramedical Board and Government of Karnataka)

First Floor, Vijaya Bank Building, B. M Road, Channaryapatna-573116, Hassan District,  
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**APPLICATION FORM FOR PARAMEDICAL COURSES**

APPLICATION NO.

- Note:** 1. Application should be filled by candidates only  
2. Incomplete Application will not be considered.  
3. Applications should be filled in block letters only.

Affix Recent  
Passport size  
Photo

D.M.L.T

D.H.I

Aadhar No.:

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Religion \_\_\_\_\_ Caste \_\_\_\_\_ Mother Tongue \_\_\_\_\_

Languages Known \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Nationality \_\_\_\_\_ Blood Group \_\_\_\_\_ Email ID \_\_\_\_\_

Whether candidate belongs to SC/ST/OBC/\_\_\_\_\_

For Backward Class, Valid Document to be Produced (Karnataka Candidate only)

Annual Income of Parents/Guardian \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Mobile number of Parent/Guardian: Father \_\_\_\_\_ Mother \_\_\_\_\_

Local Guardian's Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Academic Qualification \_\_\_\_\_ Last Institution Studied (with Address) \_\_\_\_\_

Course Studied	Year of Passing	Statement of Marks						No. of Attempts	Indicate Marks Obtained for the following subject	
									Marks Obtained	% (Percentage)
Science										
Commerce										
Arts										
10th/ S.S.L.C										

**List of Attested photocopies of the Certificates to be enclosed along with application:**

Sl.No.	Certificates	Yes/No	Sl.No.	Certificates	Yes/No
1.	12th/ PUC certificate		8.	Conduct certificate from head of the institution last attended	
2.	10th / S.S.L.C Certificate		9.	Migration Certificate	
3.	Transfer Certificate		10.	Eligibility Certificate	
4.	Caste Certificate		11.	Bank Pass book Copy	
5.	Income Certificate		12.	Physical Fitness	
6.	Aadhar Certificate		13.	Residential Certificate	
7.	10 recent passport photos		14.	Others	

**Declaration by the Candidate & Parent: We hereby declare that all the information provided in the application form above is true to the best of our knowledge and belief.**

Date \_\_\_\_\_

Signature of the Parent / Guardian

Signature of the Candidate

Place \_\_\_\_\_

**Note:**

1. Fees and Other Considerations are to be paid through DD in favor of “**Principal, Vaidya Institute of Paramedical Sciences, Channarayapatna.**”

2. Fees once paid will not be refunded at all.

(For office use only)

Admitted: Yes / No

D.M.L.T

D.H.I

Admission No:

(Signature of Administrator)

(Signature of the Principal)