



**INDIAN MEDICAL ASSOCIATION – TAMIL NADU  
PARAMEDICAL WING  
STUDENT APPLICATION FORM FOR ADMISSION-Year .....**

Paste a Photo

Course : .....  
Academic Year : .....  
Institution Name & Address : .....  
.....

1. Name of the applicant ( as per 10<sup>th</sup> Cert., in Capital letter) : .....(Attach copy of 10<sup>th</sup> Pass Mk sheet)

2. Sex ( Male / Female ) ..... 3. Date of Birth ( As per 10<sup>th</sup> Mark Sheet) : .....

4.

	Father	Mother	Guardian with relationship
Name			
Qualification			
Occupation			
Designation			
Income			

5. Address for correspondence of the applicant:.....  
.....  
.....Phone/Cell No:.....

Permanent Address: .....  
..... Phone/Cell No:.....

6. Give the following particulars concerning your Education:

Examination Passed	Subjects	Year	Name of the School

7. Reference : Name and Address of two responsible persons who can vouch for the applicant.

1) Name.....  
Relationship.....  
Address.....  
.....  
Phone/Cell No.....

2) Name.....  
Relationship.....  
Address.....  
.....  
Phone/Cell No.....

Office Seal of the Paramedical Institute

Signature of the Correspondent / Principal

## DECLARATION

I, .....aged.....years, Son / Daughter of  
.....residing at .....do hereby solemnly  
declare and states as follows.

1. That I have enrolled for the .....course conducted by IMA for the academic year .....at my own will and desire and after having consent from my parents/Guardian. The entries in the application form are true, complete and correct to the best of my knowledge and belief.
2. I have been explained by the Institute and I understood that the Paramedical course conducted by IMA is not approved by Govt./ MCI/ any University. It is for the employment in the Nursing Homes registered in Nursing Home Board of IMA and cannot be registered in MCI.
3. I shall be willing to serve in any department of the Institute/Hospital/Clinic/Urban or Rural area at any time during my theory and practical training classes/period or field practice at my own expenses.
4. I do hereby agree to pay the cost of damages caused to the movable and immovable property of the Institute or any departments concerned by me due to neglect of duties/work.
5. I will not keep myself absent from the classes without obtaining due and prior permission from the Principal/Director.
6. Fee, once paid, is neither refundable or adjustable in any circumstances, which I have noted very clearly. The Institute will not be responsible for any change in circumstances or family economic condition or conflicts, disputes or decision to discontinue the study or any other reason.
7. In case of any dispute during training period, the decision of the authority will be final and jurisdiction for legal proceedings against the Institute will be Chennai, Tamilnadu, India only.
8. I shall extend my full co-operation and agree to abide by the decisions/ instructions of the Director / Principal of the Institute, Chennai and I shall have no objection of I am awarded fine for any act of misbehaviour, disobedience and for being absent from the class. I will not proceed in any court of law against any decision of Principal/Director in this respect.
9. I shall not take part in the political activities and students union/association/action committee etc. Of the Institute or any other Institution.
10. That I shall not use any type of intoxicants/drugs tobacco in any form in the hostel and the institute and I assure to maintain high standard of character, behaviour and hygiene during my training period.
11. I will not use cell phones / Gold ornaments inside the Institute. If found, the Institute has all rights to collect from me.
12. I shall abide by the dress code as decided by IMA TNSB.

Signature of Student

Date:.....

Signature of Parent / Guardian

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### FOR PARAMEDICAL INSTITUTE USE ONLY

**Documents Enclosed:**

Seal & Signature of the Director /  
Principal/Authorised Officer

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### FOR IMA OFFICE USE ONLY

**Course Code** .....

**Regn. No**.....

**IMA State Secretary**  
**IMA TNSB**

**IMA Paramedical Chairman/Secretary**  
**IMA TNSB**