

# WESTFORT ACADEMY FOR HIGHER EDUCATION (WAHE)

(A UNIT OF WESTFORT HOSPITAL GROUP)

P.B. No. 16, Pottore, Thrissur - 680 581.

(Approved by Directorate of Medical Education & Govt. of Kerala)

## APPLICATION FOR PARAMEDICAL COURSES (DMLT, DRT, DOTT, DDT & DCVT)

Last Date of Submission .....

Sl.No.

Photograph (to be attested by a Gazetted Officer)
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Courses for which admission is sought (In the order of preference)
1
2
3
4
5

- 1 Name of the candidate as in S.S.L.C. Book :  
(In block letters)
- 2 Name of the Father and Occupation :
- 3 Name of the Mother and Occupation :
- 4 Permanent Address :

- Ph. No. with STD Code :
- 5 Address for communication :

- 6 Sex :
- 7 Age and Date of Birth :
- 8 Nationality :
- 9 Religion and Caste :
- 10 Place of Birth :
- 11 State / District :
- 12 Seat applied :
- 13 Blood Group :

Management

NRI

Merit

- 14 College Chosen by
- |        |                      |       |                      |         |                      |              |                      |           |                      |
|--------|----------------------|-------|----------------------|---------|----------------------|--------------|----------------------|-----------|----------------------|
| Friend | <input type="text"/> | Media | <input type="text"/> | Website | <input type="text"/> | WIMS Student | <input type="text"/> | Any other | <input type="text"/> |
|--------|----------------------|-------|----------------------|---------|----------------------|--------------|----------------------|-----------|----------------------|

- 15 Details of qualifying examination

School / College	<input type="text"/>
Board / University	<input type="text"/>
Reg. No. / Month / Year	<input type="text"/>

### Subject Marks

Subject	Max. Marks	Marks Awarded	Percentage
Physics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemistry	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biology	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 16 Mention if any other qualifications like Diploma, Degree etc.

- 17 Attach S.S.L.C., +2 Marklists, Certificates/Marklists of other qualifications, if any (Photocopy Attested)

## DECLARATION

I (Name) .....  
here by solemnly and sincerely affirm that all statements made in the applications are true, complete and correct to the best of my knowledge and belief and that I agree to abide by the rules and regulations governing the course.

I (Name) .....have fully read the information furnished by my son / daughter / ward and affirm that the same is true, complete and correct to the best of my knowledge.

Signature of the Applicant :  
Name :

Signature of the Guardian  
Name

Place :

Place :

Date :

Date :

Details if Enclosures :

- 1
- 2
- 3
- 4

### FOR OFFICE USE ONLY

Course		Reservation category (if eligible)	
Index Mark		Admission No.	
Rank No.		Date of Admission	

### DETAILS OF FEES PAYABLE

Purpose	Amount	Name of the Bank for DD Payment
Course Deposit		
Ist Semester Fee		
Other Fees		

Verified the above entries and found correct

Eligible for admission

Admitted

Not eligible for admission

Not Admitted

For the reasons .....

.....

.....

**Principal**