SRI RAMAKRISHNA ASHRAMAA CHARITABLE HOSPITAL

(Swami Vivekananda Institute of Paramedical Science & Technology)
Sasthamangalam, Thiruvananthapuram, Pincode-695010
Phone No-04712722125,04712722453
email-swamivivekananda.ipst@gmail.com
Website - thiruvananthapuram.rkmm.org

APPLICATION FOR ADMISSION TO BSc MLT COURSE 2025 -2026

Please affix your recent passport size photo

(To be filled in by the Applicant in BLOCK Letters)

Incomplete applications will not be considered

I. GENERAL INFORMATION

1. Name of the Applicant (As per SSLC Certificate) : .....
2. Sex : | Male | Female |
3. Blood Group :
4. Aadhar Number
5. Marital status :
6. Age :
7. Date of Birth : | | | | (DD / MM /Year)
8. Religion : | H | M | O | Others |
9. Caste(SC/ST/OBC) (Caste Certificate should be produced) : | SC | ST | OBC | Others | Community
10. a) Name of Father with qualification, occupation and Mobile No. : .....
    .....

    b) Name of Mother with qualification, occupation and Mobile No : .....
    .....
11. a) Present Address for Communication : .....
    With Pin code. .....

    b) Permanent Address with Pin Code : .....
    .....

Student Mobile No : .....

e-mail : .....

12. Height : .....
13. Weight : .....

14. a) Name of Local Guardian
with qualification, :
occupation and Mobile No

……..

b) Relationship : ……

c)Address : ……

……

Pin Code : ……

Telephone : ……

DETAILS OF MARKS SCORED IN THE QUALIFYING EXAMINATION

Details of the institution where studied	Year of Passing	Reg. No	Qualifying Examination	Name of authority issuing the qualifying certificate	Subjects	Max. Marks	Marks Obtained	%
					English Physics Chemistry Biology			
					Total			

DECLARATION BY THE APPLICANT

I ..... Hereby declare that the above details provided are correct and precise to the best of my knowledge.

Signature of the Candidate

Place:

Date:

JOINT DECLARATION BY THE PARENT/GUARDIAN AND THE CANDIDATE

I hereby solemnly and sincerely affirm,

That the statements made and information furnished in my daughter's /son's/ ward's application as also in all the enclosures thereto submitted by her/him are true, should it however be found that any information furnished there in is untrue in material particulars, I realize that I am liable to criminal prosecution and I also agree to the forfeiture of the seat in the institution.

That my son/daughter/ward would conform strictly to all rules and regulations in force now or which may be introduced in the institution hereafter and that I realize that breach of discipline and rules on my daughter's / son's/ ward's part would entail summarily forfeiture of his/ her seat in the institution.

That I am aware that if my son / daughter/ ward does not put in a minimum percentage of attendance during the year/semester, my son; daughter / ward will

not be eligible to appear for the University Examination.

That we are aware of the Legislation on prevention of Ragging and that he/she will not indulge in any act amounting to ragging and not use mobile phones inside the campus.

That I am aware that if my son/daughter/ward does not show consistent progress of marks in the day to day valuation of his/her work and progress he/she will not be sent up for the University examination.

That in case of my son / daughter/ward's progress in studies is uniformly poor in the Institution his/her studies are liable to be terminated and issue of Transfer Certificate.

That I am aware that my son/daughter /ward as admitted in the hostel he/she will strictly abide by the rules and regulations in force in the hostel and that any breach of discipline or rules or any unruly conduct or undesirable activities will be summarily dealt with by forfeiture of seat both in the hostel and in the institution in addition to such other proceedings that may be taken against him/her.

Place:

Date:

Signature of Parent/Guardian

with name, phone number