

Approval No: N/39/TN/17

TAMILNADU ELECTROPATHY MEDICAL COLLEGE AND HOSPITAL

(Authorised by: MH & FW, Govt. of India for PDR)

- No. 20, Muthamizh Nagar, Arapakkam, Ranipet Dist - 632517
- tnehworld@gmail.com
- + 91 8870749749



APPLICATION FORM FOR

BEMS

41/2 years Medical Certification program

2 years Medical Certification program

Instructions

Use Permananet Marker

Plese read the instruction in the prospecuts before filling up this form.

Use Only "Block Letters" to fill in the application form.

Tick where you want.

Encircle a code in the relevant box



Choice of the course applied for

Respected Sir,

I want to take admission in Tamilnadu Electropathy Medical College. I Have read the "Terms & Conditions" of the institute mentioned in the Prospectus and given overleaf. My particulars are given below:

 Name of the applicant with initals (In Block Letters as entered in the institute / Board 	d Record)
2. Name of the Father	Occupation
4. Name of the Mother	Occupation
4. Date of Birth Date Month Year Age	
5. Blood Group (Compulsory)	
6. Gender (Encircle a code) Male Female	
7. Religion	
8. Community	Catagory (Encircle a code) ST SC MBC BC OBC OC
9. Nationality (Encircle a code)	
Indian Other	
10. Nativity (Encircle a code)	
TN Other	

Dist State Pin Code 16. Telephone Number (STD Code) (Land Line Num 17. Mobile number Applicant No. 1: Applicant No. 2:	11.	Languages Kno	wn			
13. Educational Profile (Please incluses the tabulated Datails of Your education Profile on a Different Typed Sheet as Per the Given Format below) Standard Period Month & Name of the Studied Period Year Passing School/ Board/University Marks X STD XII STD Graduation Other Pin Code 14. Residence Address (Permanant Address) Dist State Pin Code 15. Address for Communication Dist State Pin Code 16. Telephone Number (STD Code) (Land Line Num Applicant No. 2:						
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17. Mobile number Applicant No. 1: Applicant No. 2:						
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	17.	Mobile number	Applica	nt No.1:		Applicant No. 2
Parent/ Guardian	×					
Email ID			Parent/ Gu	uardian		Email ID

DECLARATION

I hereby declare that im an Indian National and the particulars given above are correct. In the event, any information promised by me is found to be incorrect or false before / after the selection, the authority conducting the selection can cancel my candidature or admission as the case may be.

I have understood that the fee once paid is non refundable and non transferable, Even is don't attend training / class or in any case what so ever.

	Date Signature of the parent / Guardian	Place Signature of the Candidate
		OFFICE USE ONLY
Name of the Candidate :		
Father's Name :		
Course Applied For:		
Application No :		
Academic Session :	to	
Batch No :		

OFFICIAL SEAL

Signature of the Principal

Verified By