

SRM COLLEGE OF EDUCATION

No. 7/7, Thiruvalluvar Nagar,
Near Church, Circus Ground Bypass Road,
Vaniyambadi – 635 751
Ph: 7373733763 | 7373733765



APPLICATION FORM

(To be filled by the candidate)

Sl. No: _____ Academic Session: _____

COURSE APPLIED FOR

- B.Sc – Medical Lab Technology (MLT) B.Sc – Anaesthesia B.Sc – Optometry
- B.Sc – Multipurpose Health Worker (MPHW) B.Voc – Anaesthesia Technician
- B.Voc – Medical Laboratory Technician B.Sc Honours – Hotel Management
- B.Pharmacy (4 Years)

3 Year Diploma Courses:

- Diploma in Anaesthesia Technician Diploma in Medical Laboratory Technician
- Diploma in Operation Theatre Technology Diploma in Dialysis Technology
- Diploma in Dental Technology Diploma in Radiology Technology
- Diploma in Vocation (Eligibility – 10th Pass)

2 Year Paramedical Courses:

- Diploma in Nursing Assistant Diploma in Pharmacy
- Medical Laboratory Technology Multipurpose Health Worker
- Operation Theatre Technology X-Ray Technology
- CT Scan Technician Radiology & Imaginary Technology
- Accident & Emergency Technology

PERSONAL DETAILS

1. Applicant's Name : _____
2. Father's Name : _____
3. Mother's Name : _____

4. Gender : Male Female Transgender

5. Date of Birth : ___ / ___ / ____

6. Category : ST SC BC MBC General

Mobile No : _____

7. Nationality : _____

8. Present Address

P.S : _____ District : _____

Pin Code : _____ Email ID : _____

9. Permanent Address

P.S : _____ District : _____

Pin Code : _____ Email ID : _____

10. Occupation of Father / Guardian

Mobile No : _____

11. Occupation of Mother

Mobile No : _____

DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

Date : _____

Place : _____

Signature of Candidate : _____