

Jubilee Mission College of Allied Health Sciences



Jubilee Mission Hospital Trust - Archdiocese of Trichur

Bishop Alappatt Road, Jubilee Mission PO, Thrissur East - 680 005, Kerala, India

Tel: +91 487 2461200 (Office Supdt.), 243 2200, 246 1000, 246 2000 (Hospital)

Website: www.jmmcri.org | E-mail: admission2021@jmmc.ac.in

Application Form for Admission 2024-25

Paramedical Diploma Course under D M E

Application No:			
Name of the Applicant			
Date of Birth & Age			
Place of Birth:			
Gender:			
Blood Group:			
Caste:		Religion:	

Course Applied:

1. 2. 3. 4.

Permanent Address with PIN Code	Address for Communication with PIN code

Name of Father & Occupation:	
Name of Mother & Occupation:	
Telephone (Land Line, if available):	
Contact Mobile Number 1:	
Contact Mobile Number 2:	
Contact E-mail ID:	
Average Annual Family Income:	
Aadhar Number of Candidate:	

Details of 10th & 12th Standard Examinations:

Std.	Name of the Institution Studied	Name of the Board	Reg. No.	Year
X				
XII				
Others				

Marks Obtained in Plus Two / Qualifying Examination :

Subject	Marks Scored	Maximum Marks	% / Grade
Part I :Main Language: ENGLISH			
Part II :Additional Language:			
Part III :Optional Subjects			
1.Physics			
2.Chemistry			
3.Biology			
TOTAL			
English			

Note:

- Complete the Application Form in BLOCK CAPITAL LETTERS only by candidates own handwriting & do not leave any column blank.
- Please go through the Prospectus on the website, before filling up the Application Form. Visit the website regularly for updates. The paramedical diploma courses are conducted by Directorate of Medical Education, Government of Kerala (DME)
- Please enclose the SELF-ATTESTED PHOTOCOPIES OF ALL RELEVANT DOCUMENTS as per Prospectus along with the completed application, such as SSLC Certificate & Mark-list, Plus Two Certificate & Mark-list,
- APPLICATION FEE: Demand Draft (DD) for Rs.500/- (Rupees five hundred only) in favour of Director, Jubilee Mission Hospital payable at Thrissur from any Bank shall be enclosed while submitting the completed application form.(D/D in original)
- The application shall reach the office on or before 30.06.2024. Incomplete and delayed applications and application without original D/D will be rejected. Those submitting the application directly shall deposit them in the box specified and placed in the front of the Superintendent's Office enclosed in cover at the ground floor of the administration building (Gate-1) of Jubilee Mission Medical College.

JOINT DECLARATION OF THE APPLICANT & PARENT

We hereby sincerely and solemnly affirm that, we have read and understood the rules and code of conduct of the courses and promise to follow the same. If we contravene any of the rules and regulations we are aware that the student will be liable for disciplinary action that the management of Jubilee Mission College of allied Health Sciences may consider necessary and appropriate.

Moreover, we do hereby declare that all the information furnished above are true and correct to our knowledge and belief, and we will obey the rules and regulations of the institution if admitted and shall submit all certificates and documents in original at the time of admission, failing which my admission will be liable for cancellation. We promise to pay all the fees as prescribed in prospectus from time to time. We also promise jointly that the applicant will not indulge in any of the act connected with ragging. We are also fully aware that the use of mobile phones is not permitted (during class hours) in the institution.

We further declare that the admission to the institution will be subject to the final decision of the management and registration by concerned authorities

Date:

Name& Signature of Candidate Name & Signature of Parent

OFFICE USE ONLY

Verified certificates on:

Name & Signature of verifying

OfficialForwarded information for interview on:

Admission granted / Not granted

If admitted, register No. & Date of Admission: