



# MMM COLLEGE OF HEALTH SCIENCES

(A Unit of The Madras Medical Mission)

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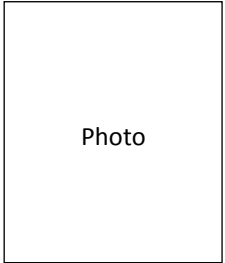


## Application for Admission - UG Courses

Application No. : .....

+2 Reg No : .....

Course Applied for : .....



1. Name of Applicant : .....

Expansion of Initial: .....

2. Date of Birth : ..... Age : .....

3. Nationality : .....

4. Community :  OC  BC  MBC/DNC  SC/ST Others Specify .....

5. Religion & Community Name : .....

6. Sex :  Male  Female  Transgender

7. Physical Condition : Normal / Disabled If disabled .....

8. Mother Tongue : ..... 9. Blood Group .....

10. Details of Parents/Guardian:

Details	Father/Guardian	Mother
Name		
Qualification		
Occupation		
Address of Place of Work		
Phone No.		
E-mail ID		
Annual Income from all Father/Guardian & Mother		

**11. Details of School Last Studied:**

a. Name & Address : .....

b. Medium of Instruction ..... Board:  CBSE  State Board  ISC Others .....

c. Extra Curricular Activities participated Sports / NSS / NCC / Others (Specify): .....

**12. Details of Marks Obtained:**

	Subject	Marks Obtained	Max Marks	Month/Year of Passing	No of Attempts
Language I					
English I					
Subject I					
Subject II					
Subject III					
Subject IV					
Subject V					
Subject VI					
Total					

Reason for choosing this course

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**Declaration:** It is hereby declared that the particulars furnished above are correct and that the rules of the University / college will be followed on admission.

Signature of Parent / Guardian

Signature of Applicant

Documents to be submitted along with the form:

A Demand Draft drawn in favour of “MMM College of Health Sciences” Payable in Chennai for Rs 1050/- Photocopies of Mark statement(s) of 10th Standard, 12th standard Mark sheet, Transfer Certificate & Community Certificate for the entire category. Eligibility Certificate obtained from The Tamil Nadu Dr. M.G.R Medical University wherever applicable.

*For Office use*

Application received on :

Received by :

Remarks if any :

Registration No :

Signature: