



TIRUMALA MEDICAL ACADEMY EDUCATIONAL SOCIETY

ARMOOR-503224, Dist. NIZAMABAD-AP

Administrative Office : Tirumala Nagar, Bardipur(V), Dichpally (Mdl) Nizamabad Dist 503230
Phone : 08461-245750.245740, (Fax) 245415 Email : tirumala_institutions@yahoo.com

APPLICATION FORM

Photo

APPLICATION FOR THE ADMISSION OF _____

Name

Fathers Name

Address

Cell:

Nationality	State	Religion	Caste	SC / ST / BC / OC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth

Sex

Educational Qualification

Year of Passing & % Percentage

Occupation of Father or Guardian and Annual Income

Identification Marks

i) I declare that the above statements are true and correct to the best of my personal knowledge. I further certify that I have obtained my father's/Guardian's consent to my accepting a seat in your institution, if it is offered to me. I agree to abide by the rules and regulations of the Training School and the Hospital.

ii) I declare that my Son/Daughter/ward Mr/Ms. _____ will abide by the rules and regulations of Tirumala Medical Academy Educational Society, Armoor, during his/her training period. If he/she does not, the institution will not be held responsible for the consequences, I further declare that I will take full responsibility of my son/daughter/Ward and I am willing to bear all the expenses incurred during his/her training period.

Place :
Date :

Signature of the Candidate

Signature of the
Father/Guardian