

ANNEXURE – II
GOVERNMENT THOOTHUKUDI MEDICAL COLLEGE, THOOTHUKUDI
DISTRICT

Application for Admission to Allied Healthcare Certificate Courses
(2025–2026)

(To be submitted at the Government Medical College Office)

1. Personal Details

1. Name of the Candidate (in BLOCK letters): _____
2. Gender: Male Female Transgender
3. Date of Birth (DD/MM/YYYY): ___ / ___ / ___
4. Age as on 31.12.2025: ___ Years ___ Months
5. Father's / Mother's / Guardian's Name: _____
6. Occupation of Parent/ Guardian: _____
7. Annual Family Income: ₹ _____
8. Address for Communication: _____
- _____
- _____

District: _____ PIN: _____

Mobile Number: _____

Email ID: _____

2. Educational Qualification

1. Medium of Instruction: Tamil English Others _____
2. SSLC Passed: Yes No; Year of Passing _____, SSLC REG NO (as per SSLC
marksheet) _____
3. HSC Passed: Yes No; Year of Passing _____, HSC REG NO (as per HSC
marksheet) _____

Subject	Max Marks	Obtained Marks	Total marks filled up by officials
Physics			
Chemistry			
Botany			
Zoology			
Biology			
Total			

3. Community / Reservation Category

OC BC BCM MBC / DNC SC SCA ST

(Attach attested copy of valid Community Certificate)

4. Nativity

Tamil Nadu Native

(Attach Nativity Certificate)

5. Differently Abled Candidate Yes No

6. Course Preference

Please indicate order of preference by writing 1, 2, 3... against courses

Preference

- | | |
|-----------------------------------|--------------------------|
| 1. Emergency Care Technician | <input type="checkbox"/> |
| 2. Respiratory Therapy Technician | <input type="checkbox"/> |
| 3. Anaesthesia Technician | <input type="checkbox"/> |
| 4. Theatre Technician | <input type="checkbox"/> |
| 5. Orthopaedic Technician | <input type="checkbox"/> |
| 6. Multipurpose Hospital Worker | <input type="checkbox"/> |

7. Enclosures (Tick the documents attached)

(Xerox + Originals for verification)

1. SSLC
2. HSC Mark Sheet
3. Transfer Certificate
4. Community Certificate
5. Nativity Certificate (if applicable)
6. Aadhar Card
7. For Differently Abled candidates disability certificate from District Medical Board should be attached.

8. Declaration by the Candidate

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge. I understand that my application may be rejected and/or admission cancelled if any information provided is found to be false.

Signature of the Candidate: _____

Date: ___ / ___ / 2025

Place: _____

Acknowledgement Slip (To be returned to Candidate)

Received application from _____ (Name of Candidate) for admission into Allied Healthcare Certificate Courses 2025–2026.

Application No: _____

Date: ___ / ___ / 2025

Signature & Seal of Receiving Officer