



**ANAKSHH**  
**College of Paramedical Sciences**  
#34, 2<sup>nd</sup> Cross, Mahalakshmi Layout,  
IOB Colony, Maruthamalai Main Road,  
Coimbatore 641046. Tamil Nadu, India  
[www.acops.in](http://www.acops.in)  
[acops.in@gmail.com](mailto:acops.in@gmail.com)

## INSTRUCTIONS

- ✱ Form should be filled in Block Capital Letter in English Language with Blue Ink only.
- ✱ If you have any questions about your eligibility for a particular program, please contact the Admission Cell before filling up the form.
- ✱ Filling up of Application Form does not guarantee an admission.

Registration No. \_\_\_\_\_

Student File No.

## COURSE APPLYING FOR

Paste Recent  
Passport size  
colored  
Photograph

## PERSONAL INFORMATION

**Name of the applicant** *(exactly as it appears on academic High School transcript/certificate of qualifying examination)*

[illegible]**Mother's Name**[illegible]

**Father's Name**

[illegible]

**Legal Guardian's Name**

[illegible]

### Relation

**Date of Birth**

DD		MM		YYYY			

## Gender

Male ☐Female ☐

## Category

General ☐ ST ☐ Minority ☐

SC ☐ OBC(Non creamy Layer) ☐

If other, specify \_\_\_\_\_  
(for abbreviations, refer Part-B)

## Physically Handicapped

Yes ☐

No ☐

### Nationality

Indian ☐ Others ☐

If other, specify

Signature of the Applicant

Signature of the Parent/Legal Guardian

## CONTACT DETAILS

Country Code

STD Code

Telephone No.

Mobile No. (Applicant)

Mobile No. (Parent/Guardian)

E-mail address (Applicant)

E-mail address (Parent/Guardian)

Home Town

Rural

☐

Urban (Town)

☐

Urban (Metropolitan)

☐

## ACADEMIC INFORMATION

### QUALIFYING EXAM :

10+2 (12th) ☐

3 yrs. Diploma after 10th ☐

Graduation ☐

Post Graduation ☐

### DETAILS OF 10th/ O Level

Year of passing Board

Stream

Medium of Examination

Total Marks

Marks Obtained % of Marks/CGPA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### DETAILS OF (10+2) 12th/ A Level

Year of passing Board

Stream

Medium of Examination

Total Marks

Marks Obtained % of Marks/CGPA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### DETAILS OF DIPLOMA

Year of passing Board/University

Programme Name

Medium of Examination

Total Marks

Marks Obtained % of Marks/CGPA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### DETAILS OF GRADUATION

Year of passing University

Programme Name

Medium of Examination

Total Marks

Marks Obtained % of Marks/CGPA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### DETAILS OF POST GRADUATION

Year of passing University

Programme Name

Medium of Examination

Total Marks

Marks Obtained % of Marks/CGPA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### DETAILS OF OTHER QUALIFYING EXAM

Year of passing University

Programme Name

Medium of Examination

Total Marks

Marks Obtained % of Marks/CGPA

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please write 'AP' if result is awaited or appearing in the qualifying examination.

Signature of the Applicant

Signature of the Parent/Legal Guardian

## WORK EXPERIENCE (If any)

Total Work Experience (in years) :

Years

Months

## FOR INTERNATIONAL APPLICANTS ONLY (including PIO, OCI and Foreign Nationals)

Information as in Passport

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Nationality \_\_\_\_\_ Birth date \_\_\_\_\_ Country of birth \_\_\_\_\_

Passport No. \_\_\_\_\_ Place of Issue \_\_\_\_\_

English Proficiency Test taken (Compulsory for International applicants whose medium of study has not been English)

Sr.	Test	Date of test taken	Test Scores
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## HOSTEL FACILITY

**HOSTEL FACILITY REQUIRED**

Yes ☐

No ☐

If Yes Normal ☐ Air Condition ☐

ROOM Required: Single ☐ Double ☐ Triple ☐

(for Office use only)

Hostel allotted \_\_\_\_\_ Room No. \_\_\_\_\_ Signature of dealing official with date \_\_\_\_\_ Unique ID \_\_\_\_\_

## OTHER INFORMATION

**PARENT'S INCOME (p.a.) (₹)**

(This information is required for data base purposes only and will not have any impact on admission process)

Below 1,00,000	1,00,001 to 5,00,000	5,00,001 to 10,00,000	10,00,001 to 25,00,000	Above 25,00,000
_____	_____	_____	_____	_____

## DISCIPLINARY HISTORY

Have you ever been subjected to disciplinary action by any school, college or university attended, or convicted of any criminal case or otherwise of a violation of any law?

Yes ☐ No ☐

If yes, briefly specify the details \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Signature of the Parent/Legal Guardian

## PAYMENT DETAILS

DESCRIPTION	Tick (✓) if applicable	Fee	Hostel Fee	Caution Money
<b>Amount Paid</b>				
<b>By Cash</b> Cash Receipt No.				
<b>By Demand Draft</b> DD No. : Bank : Date :		_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>Through Online :</b> Online Transaction No. : Receipt No.		_____ _____	_____ _____	_____ _____
<b>Balance Amount</b>				

\_\_\_\_\_  
Signature of the Accountant

Date : \_\_\_\_\_

## CHECKLIST

Sr.	Description	Tick (✓) if Submitted	Sr.	Description	Tick (✓) if Submitted
<b>Essential documents to be submitted by all applicants</b>			<b>Additional documents to be submitted by the applicants, if applicable</b>		
1.	ORIGINAL & TWO Copies of 10th / 'O' level or equivalent certificate bearing testimony to D.O.B – Attested by Govt. Officials		1.	Entrance Test Rank/Score Card	
2.	ORIGINAL & TWO Copies of Mark sheet of qualifying Examination – Attested by Govt. Officials		2.	Applicants for claiming reservation are required to submit THREE attested photocopy of domicile and reservation certificate (as applicable)	
3.	FOUR recent passport size colored photograph with name and signature at the back		3.	In case of gap in education, Notarized Affidavit to be submitted	
4.	ORIGINAL & TWO Copies Proof of residence (Passport/Voter Identity Card/Ration Card/Driving License/ Electricity Bill/Telephone Bill/Bank Account Statement) – Attested by Govt. Official		4.	Copy of passport to be submitted by International Applicant, if applicable	
5.	ORIGINAL & TWO Copies of School Leaving Certificate /Transfer Certificate/ Migration Certificate/Character Certificate -Attested by Govt. Officials – Attested by Govt. Officials		5.	Other, if any, specify_____	
6.	DD/PO/Receipt etc. pertaining to Payment(s)				

## DECLARATION BY THE APPLICANT

I,....., S/D/o Shri ..... R/o .....  
 seeking admission to.....programme at Anakshh College of Paramedical Sciences, hereby declare that all the particulars given above are true, complete and correct to the best of my knowledge and belief. I have never been convicted by any court of law or disqualified by any Board/ University. My candidature/admission may be cancelled and appropriate action be taken against me at any stage, if any information furnished by me is found to be incorrect or misleading. I am aware of College approach towards ragging and the punishment to which I am liable if found guilty of ragging. Disputes, if any, are subject to Coimbatore jurisdiction only. All applications on the prescribed Application Form shall be sent along with a demand draft of non-refundable processing charge of Rs. 1000/- only, in favour of Anakshh Foundations payable at Coimbatore.

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Signature of the Parent/Legal Guardian