



SRM COLLEGE OF EDUCATION

No. 7/7, Thiruvalluvar Nagar,
Near Church, Circus Ground Bypass Road,
Vaniyambadi – 635 751
Ph: 7373733763 | 7373733765

APPLICATION FORM

(To be filled by the candidate)

Sl. No: _____

Academic Session: _____

COURSE APPLIED FOR

☐ B.Sc – MLT ☐ B.Sc – Anaesthesia ☐ B.Sc – Optometry
☐ B.Sc – MPHWS ☐ B.Pharmacy

3 Year Diploma Courses:

☐ D-Pharmacy ☐ DMLT ☐ DOTT ☐ D-Anaesthesia
☐ D-Dialysis ☐ D-Dental ☐ D-Radiology

1. Applicant's Name : _____

2. Father's Name : _____

3. Mother's Name : _____

4. Gender : ☐ Male ☐ Female ☐ Transgender

5. Date of Birth : ____ / ____ / ____

6. Category : ☐ ST ☐ SC ☐ BC ☐ MBC ☐ General

Mobile No : _____

7. Nationality : _____

8. Present Address

P.S : _____ District : _____

Pin Code : _____ Email ID : _____

9. Permanent Address

P.S : _____ District : _____

Pin Code : _____ Email ID : _____

10. Occupation of Father / Guardian

Mobile No : _____

11. Occupation of Mother

Mobile No : _____

DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief.

Date : _____

Place : _____

Signature of Candidate : _____