



(Photo of the
applicant)

VAEL'S EDUCATIONAL TRUST

Velan Nagar, P.V.Vaithiyalingam Road, Pallavaram, Chennai - 600 117.
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PRELIMINARY REGISTRATION FORM

- **VEL'S COLLEGE OF SCIENCE**
Approved by the Govt. of Tamil Nadu & by A.I.C.T.E., New Delhi and Affiliated to the **University of Madras**
- **VEL'S COLLEGE OF PHYSIOTHERAPY**
Approved by the Government of Tamil Nadu and Affiliated to the **Tamil Nadu Dr.M.G.R.Medical University**
- **VEL'S COLLEGE OF PHARMACY**
Approved by the Government of Tamil Nadu and Affiliated to the **Tamil Nadu Dr.M.G.R.Medical University**

PLEASE INDICATE THE COURSE IN ORDER OF PRIORITY

Application for Course Bachelor of Physiotherapy.
Application for Course Master of Physiotherapy.

COURSE PREFERENCE

COURSE CODE

A _____

B _____

BIOGRAPHICAL INFORMATION

Name _____ Age _____

Sex: Male/Female _____ Date of Birth _____

Place of Birth _____

State/Country _____

Nationality _____

Religion _____ Community _____

Mother Tongue _____

Address for Communication _____

SECTION B: FOR POSTGRADUATE COURSES

ACADEMIC DATA

NAME OF EXAM	PERIOD OF STUDY	MAIN SUBJECT	YEAR OF PASSING	% OF MARKS

Name of Qualifying Exam_____

Year of Passing_____

Affiliating body_____

SUBJECT	MARKS OBTAINED	MAX MARK	% OF MARKS	NO. OF ATTEMPTS
MAIN SUBJECTS:				
ALLIED SUBJECTS:				

Do you require hostel accommodation: Yes No

DECLARATION BY THE CANDIDATE

The information furnished above is true and correct. The original certificates will be produced at the time of admission. In case any information is found to be incorrect we agree to forgo any claim for admission. I submit that I will abide the rules and regulations of the college.

I shall abide by the rules and regulations mentioned in the prospectus.

Name: _____ Name: _____

& _____ & _____

Signature of parent/Guardian: _____ Signature of Candidate: _____

Place:

Date :

Note: The Students who have completed their B.P.T. Degree from other than the Tamil Nadu Dr.M.G.R. Medical University should submit Eligibility Certificate from the University to confirm admission.

Note:

1. The application should be signed by the Parent/Guardian and candidate otherwise it is invalid.
2. Most of the students are personally interviewed by the College to ensure their suitability for the courses. Students/Parents may call on us at the admission office any day for full briefing.
3. Every application form must be accompanied by the following:
 - a. Photocopies of certificates and mark sheets of qualifying examinations passed.
 - b. Conduct certificates & Three passport size photographs in colour.
 - c. Only for Post Graduate applicants: Send in your resume and write briefly, Why you are interested in taking this course.

FOR OFFICE ONLY

List of certificates submitted: _____

Eligible / Not Eligible _____

MANAGER (ADMISSIONS)

DIRECTOR

FEES REMITTANCE SLIP

Ref.No./Folio

Regn.No

FOR OFFICE ONLY

Name of the candidate: _____ Course: _____

Date of registration: _____ Amount Payable: _____

DATE	MODE OF PAYMENT	AMOUNT PAID

CHIEF ACCOUNTANT