J.S.S. INSTITUTE OF NATUROPATHY & YOGIC SCIENCES, COIMBATORE

Managed by JSS Mahavidyapeetha, Mysore
Affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai
Recognized by Govt. of Tamil Nadu, Approved by CCRYN & NIN, Govt. of India

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JSS Campus, Palakkad Main Road, Navakkarai, Coimbatore – 641 105. Phone: 0422-2656394 / 858 / 471
Email: jssinyscoimbatore@gmail.com ; Website: www.jssinys.org

APPLICATION FOR ADMISSION

1. Name : .....
2. Father's Name : .....
3. Sex : M ☐ F ☐ Age ☐☐ Date of Birth ☐☐ ☐☐ ☐☐☐☐
4. Nationality : ..... 5. Caste : .....
6. Community : OC ☐ BC ☐ MBC ☐ SC ☐ ST ☐
7. Mother Tongue : .....
8. Name of the Guardian : .....
9. Occupation : .....Annual Income .....
10. Present Address : .....
    .....
    .....
11. Permanent Address : .....
    .....
    .....
12. Phone Number : .....Mobile .....
    Email ID : .....
13. i) Qualifying Examination : HSC ☐ PUC ☐ PDC ☐
    ii) Register No. : ..... iii) Number of Appearances: .....
    iv) Board / University : .....
    .....

Marks obtained in 10+2 or its equivalent exam

Subjects	Total Marks	Marks obtained	Percentage
1. Physics 2. Chemistry 3. Biology 4. Botany + Zoology			

Subject	Total Marks	Marks Obtained	Percentage of Marks	Month & Year of Passing
Language I : Language II :				

Total Marks..... Percentage.....

Institution last studied : .....

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Extra Curricular Activities : .....

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DECLARATION BY THE STUDENT

I ..... the undersigned, hereby declare that all the details given in this application are true to my knowledge and nothing have been concealed by me. If I am given admission in this college I shall abide by all the rules and regulations of the Institution. If I am found violating the rules and discipline of the Institution, I take the responsibility to be expelled from the college by the authorities.

Date :

Signature of Applicant

DECLARATION BY THE PARENT / GUARDIAN

I, the undersigned, hereby declare that I shall abide by the rules and regulations of the Institution and will be responsible for all the activities of my ward. I also promise that I will be responsible for his/her all round performance to be observed as formulated by the Institute and shall pay all the dues / fees etc., as per the calender date prescribed by the Institution

Date :

Signature of Parent / Guardian

Enclosures :

- ☐ Four recent passport size photographs
- ☐ Two recent stamp size photographs
- ☐ Attested copy of Marks Statement
- ☐ Attested copy of Common Entrance Test Hall Ticket
- ☐ Attested copy of Transfer Certificate
- ☐ Attested copy of C.E.T mark list
- ☐ Medical Certificate
- ☐ Attested copy of Birth Certificate
- ☐ Attested copy of Community Certificate

Registration carries no guarantee of admission. Admission is confined to students between the ages of 18 upwards and is based onthe priority of registration [subject to Coimbatore jurisdiction], will be signed by father if alive or by mother. Guardian will sign only if neither father nor mother is alive or if a special authorisation is given by mother, if father is not alive.

OFFICE USE ONLY

Date of receipt of application:

Remarks:

Application Accepted / Rejected:

Date of interview:

Remarks:

Admission status:

Signature of Principal