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| **Form No.** |



**RAJAGIRI HOSPITAL**

**Chunangamvely, Aluva-683112**

**Ph. No. 0484 – 29 05 000 | 66 55 000 / 7184005 , E-mail: academic.coord@rajagirihospital.com**

(To be filled in the applicant’s own handwriting)

**Application for admission to Certificate Courses in Pulmonary Technician**

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Name of the course applied to:

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| Please attach recent Passport size Photograph (Self Attested) |

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1. Name in full

(Block Letters)

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| Pin Code : |  |  |  |  |  |  |
| E-mail ID : | | | | | | |

1. Address for communication

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1. Date of Birth (DDMMYYYY) 4. Gender : Male ( ) Female ( )

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5. Religion (Mention Community)

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6. Name of parish if the candidate is a Christian

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| Mob: | Res : |

7. Telephone No. Candidate

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| Mob: | Res : |

Parent/ Guardian

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8. Name, Address & Occupation

of Father or Guardian

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9. Annual family income

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10. Educational Qualifications of the candidate

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11. Blood Group

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12. Nationality

13. Educational Details

**Marks secured in 10th Std / SSLC examination**

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| Name of the School and Board | |  | | | | |
| Sl No. | Subjects | Year Passed | No. of Attempts | Marks Obtained | Max Marks | Marks % |
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| **TOTAL** | | | |  |  |  |

**Marks secured in 12th Std / Plus Two examination**

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| Name of the School and Board | |  | | | | |
| Sl No. | Subjects | Year Passed | No. of Attempts | Marks Obtained | Max Marks | Marks % |
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| **TOTAL** | | | |  |  |  |

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14. Additional Qualifications if any

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1. Computer Skills

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1. Other

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13. Previous experience, if any

(specify your designation, name and address

of employer & duration of work there)

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15. Present employment if any

(specify your designation, name and address

of employer & duration of work there)

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16. Extracurricular activities

(Religious, Social and Sports & Games)

(Attach separate sheet if needed)

17. Enclosures

1. Self-attested copies of 10th standard/SSLC certificate and Mark sheet of +2/HSC examination.
2. Self-attested copy of Birth certificate.
3. Self-attested copy of Transfer Certificate.
4. Character and conduct certificate issued by the HOD of the institution last studied in.

18. Declaration

I…………………………………………..Son/Daughter of …………………………………hereby assure that the particulars given in this form are true to the best of my knowledge. I promise to abide by the rules & regulations of Rajagiri Hospital if admitted for the course.

Counter Signature of Parent or Guardian Signature of student

Place

Date

*\*****Incomplete applications are liable to be rejected.***