|  |
| --- |
| **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**

|  |
| --- |
|  |

Name of the course applied to:

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Name in full

(Block Letters)

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

1. Address for communication

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

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

|  |
| --- |
|  |

5. Religion (Mention Community)

|  |
| --- |
|  |

6. Name of parish if the candidate is a Christian

|  |  |
| --- | --- |
|  Mob: |  Res : |

7. Telephone No. Candidate

|  |  |
| --- | --- |
|  Mob: |  Res : |

 Parent/ Guardian

|  |
| --- |
|  |

8. Name, Address & Occupation

 of Father or Guardian

|  |
| --- |
|  |

9. Annual family income

|  |
| --- |
|  |

10. Educational Qualifications of the candidate

|  |
| --- |
|  |

11. Blood Group

|  |
| --- |
|  |

12. Nationality

13. Educational Details

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

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

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

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

|  |
| --- |
|  |

 14. Additional Qualifications if any

|  |
| --- |
|  |

1. Computer Skills

|  |
| --- |
|  |

1. Other

|  |
| --- |
|  |

13. Previous experience, if any

 (specify your designation, name and address

 of employer & duration of work there)

|  |
| --- |
|  |

15. Present employment if any

 (specify your designation, name and address

 of employer & duration of work there)

|  |
| --- |
|  |

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.***