Form No.	



RAJAGIRI HOSPITAL

Chunangamvely, Aluva-683112

Ph. No. 0484 - 29 05 000 | 66 55 000 / 855 , E-mail: academic.coord@rajagirihospital.com (To be filled in the applicant's own handwriting)

Application for admission to Diploma Courses

Name of the course applied to:	
Name in full (Block Letters)	Please attach recent Passport size Photograph (Self Attested)
2. Address for communication	
	Pin Code : E-mail ID :
3. Date of Birth (DDMMYYYY)	4. Gender : Male () Female ()
5. Religion (Mention Community)	
6. Name of parish if the candidate is a Christian	
7. Telephone No. Candidate	Mob: Res:
Parent/ Guardian	Mob: Res:
8. Name, Address & Occupation of Father or Guardian	
9. Annual family income	
10. Educational Qualifications of the candidate	

No. of Attempts	Marks Obtained	Max Marks	Marks %
			Marks %
			1
	Marks Obtained	Max Marks	Marks %
		IT NO. 0I Obtained	IT NO. 01 Obtained Marks

a) Computer Skills		
b) Other		
13. Previous experience, if any		
(specify your designation, name and address		
of employer & duration of work there)		
of employer & duration of work ineres		
15 Proceed complement if any		
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 copy of Birth Certificate	4.	
2. Self-attested copy of the Mark list of t	the qualifying examinations or the co	ourse certificate.
3. A Conduct Certificate from the head of	of institution where the candidate stud	died last.
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 rejecte	ed.	