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| **Form No.** |

 

**RAJAGIRI HOSPITAL**

**Chunangamvely, Aluva-683112**

**Ph. No. 0484 – 29 05 000 | 7184005 / 7184002 , E-mail:** **academic.coord@rajagirihospital.com**

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

**Application for admission to Diploma in Anaesthesia & Critical Care Technology Course**

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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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4. Religion (Mention Community)

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5. Name of parish if the candidate is a Christian

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|  Mob: |  Res : |

6. Telephone No. Candidate

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|  Mob: |  Res : |

 Parent/ Guardian

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7. Name, Address & Occupation

 of Father or Guardian

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8. Annual family income

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9. Educational Qualifications of the candidate

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10. Blood Group

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11. Nationality

12. 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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 13. Additional Qualifications if any

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1. Computer Skills
2. Other

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14. 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.***