

RAJAGIRI HOSPITAL

Chunangamvely, Aluva-683112

Ph. No. 0484 – 7184003, E-mail: academic.coord@rajagirihospital.com

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

Application for admission to Certificate Courses in CSSD Technician

Name of the course applied to:

1. 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)

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4. Gender : Male () Female ()

5. Religion (Mention Community)

6. Name of parish if the candidate is a
Christian

7. Telephone No. Candidate

Mob:	Res :
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Parent/ Guardian

Mob:	Res :
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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

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a) Computer Skills

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b) 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 ofhereby 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.***