Form No.	



RAJAGIRI HOSPITAL

Chunangamvely, Aluva-683112

Ph. No. 0484 – 29 05 000 / 7184005, 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:		
Name in full (Block Letters)	Please attach recent Passpor size Photograp (Self Attested	rt oh
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		

Nationalit						
	anal Details					
	ed in 10 th Std / SSLC examina	<u>ation</u>				
name of th	e School and Board					
S1 No.	Subjects	Year Passed	No. of Attempts	Marks Obtained	Max Marks	Marks %
I	TOTAL					
larks secui	TOTAL red in 12 th Std / Plus Two exa					
	TOTAL red in 12 th Std / Plus Two exa					
	red in 12 th Std / Plus Two exa					
Name of th	red in 12 th Std / Plus Two exa		No. of Attempts	Marks Obtained	Max Marks	Marks %
Name of th	red in 12 th Std / Plus Two exa	Year				Marks %
Name of th	red in 12 th Std / Plus Two exa	Year				Marks %
Name of th	red in 12 th Std / Plus Two exa	Year				Marks %
Name of th	red in 12 th Std / Plus Two exa	Year Passed				Marks %
Name of th	red in 12 th Std / Plus Two exame School and Board Subjects	Year Passed				Marks %

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 10 th standard/S	SLC certificate and Mark sheet of +2/HSC examination.
2. Self-attested copy of Birth certificate.	
3. Self-attested copy of Transfer Certific	rate.
4. Character and conduct certificate issu	ed 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 rejecte	d.