

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 Pulmonary Technician**

Name of the course applied to:

[Empty box for course name]

1. Name in full  
(Block Letters)

[Grid for name in full]

Please attach recent Passport size Photograph (Self Attested)

2. Address for communication

[Empty box for address]

Pin Code : [Grid]

E-mail ID :

3. Date of Birth (DDMMYYYY)

[Grid for date of birth]

4. Gender : Male ( ) Female ( )

5. Religion (Mention Community)

[Empty box for religion]

6. Name of parish if the candidate is a Christian

[Empty box for parish name]

7. Telephone No. Candidate

Mob: [ ] Res : [ ]

Parent/ Guardian

Mob: [ ] Res : [ ]

8. Name, Address & Occupation of Father or Guardian

[Empty box for father/guardian details]

9. Annual family income

[Empty box for annual family income]

10. Educational Qualifications of the candidate

[Empty box for educational qualifications]

11. Blood Group


12. Nationality

13. Educational Details

**Marks secured in 10<sup>th</sup> Std / SSLC examination**

Name of the School and Board						
Sl No.	Subjects	Year Passed	No. of Attempts	Marks Obtained	Max Marks	Marks %
<b>TOTAL</b>						

**Marks secured in 12<sup>th</sup> Std / Plus Two examination**

Name of the School and Board						
Sl No.	Subjects	Year Passed	No. of Attempts	Marks Obtained	Max Marks	Marks %
<b>TOTAL</b>						

14. Additional Qualifications if any

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a) Computer Skills

b) Other


13. 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)

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17. Enclosures

1. Self-attested copies of 10<sup>th</sup> 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.***