| Form No. |  |
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## RAJAGIRI HOSPITAL

Chunangamvely, Aluva-683112

Ph. No. 0484 – 29 05 000/5854/ E-mail: academic.coord@rajagirihospital.com (To be filled in the applicant's own handwriting)

## Application for admission to Fellowship in Physiotherapy & Rehabilitation

| 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   |   |

| . Blood Grou | p                                     |                |                    |                   |              |         |
|--------------|---------------------------------------|----------------|--------------------|-------------------|--------------|---------|
| Nationality  |                                       |                |                    |                   |              |         |
| Educationa   | ıl Details                            |                |                    |                   |              |         |
| arks secured | in 10 <sup>th</sup> Std / SSLC examin | <u>ation</u>   |                    |                   |              |         |
| Name of the  | School and Board                      |                |                    |                   |              |         |
| SI<br>No.    | Subjects                              | Year<br>Passed | No. of<br>Attempts | Marks<br>Obtained | Max<br>Marks | Marks % |
|              |                                       |                |                    |                   |              |         |
|              |                                       |                |                    |                   |              |         |
|              |                                       |                |                    |                   |              |         |
|              | TOTAL                                 |                |                    |                   |              |         |
| larks secure | TOTAl                                 |                |                    |                   |              |         |
|              | School and Board                      |                |                    |                   |              |         |
| SI<br>No.    | Subjects                              | Year<br>Passed | No. of<br>Attempts | Marks<br>Obtained | Max<br>Marks | Marks % |
|              |                                       |                |                    |                   |              |         |
|              |                                       |                |                    |                   |              |         |
|              |                                       |                |                    |                   |              |         |
|              |                                       |                |                    |                   |              |         |
| 1            | TOTA                                  | L              |                    |                   |              |         |

Computer Skills

| 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 <sup>th</sup> 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             | cate.  |
| 4. Degree Certificate                                  |  |
| 5. 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      | ed.  |