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| **Form No.** |

**RAJAGIRI ACADEMY FOR ADVANCED LIFE SUPPORT (May be replaced with RAALS Logo)**

**AT**

**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**

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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
2. Date of Birth (DDMMYYYY)

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1. Gender : Male ( ) Female ( )

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5. Religion (Mention Community)

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6. Name of parish if the candidate is a Christian

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|  Mob: |  Res : |

7. Telephone No. of Candidate

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|  Mob: |  Res : |

 Parent/ Guardian

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8. Name, Address & Occupation

 of Father or Guardian

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9. Annual family income

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10. Blood Group

11. Educational Details

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| Sl No. | Name of the School and Board | Year Passed  | No. of Attempts | Marks Obtained | Marks % |
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 13. Additional Qualifications if any:1

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13. Previous experience, if any: 1

 (Specify your designation, name and address of employer & duration of work there)

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14. Extracurricular activities, if any:

 (Religious, Social and Sports & Games; Attach separate sheet if needed)

17. Enclosures:

1. Self-attested copy of Birth Certificate.
2. Self-attested copy of the Mark list of the qualifying examinations.
3. Self- attested copy of transcript of record

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.***