

SCHIEFFELIN INSTITUTE OF HEALTH RESEARCH & LEPROSY CENTRE, KARIGIRI
APPLICATION FORM FOR COURSES COMMENCING SEPTEMBER 2022

	◀ APPLICATION NUMBER	REGISTRATION NUMBER ▶								
<i>Do not write above this line. Fill all details required below, in ENGLISH using INK or BALL PEN. If boxes are provided, use one Alphabet per box. Leave one empty box between words.</i>									Stick a recent COLOUR photograph of the candidate in this space. Do not use Staples or Pins	
Courses applied for, IN ORDER OF YOUR CHOICE. Any 4 choices only. You cannot change the choices or their order later after submitting application.							Course Code			
1 ST CHOICE										
2 ND CHOICE										
3 RD CHOICE										
4 TH CHOICE										
NAME <small>as in +2 Certificate; 1 space between words</small>									Gender M / F	Married Y / N
SON / DAUGHTER of									Date of Birth (DD-MM-YYYY Format)	
POSTAL ADDRESS										
e-mail address									PIN	
PHONE NUMBER									Alternate No	
If Staff Child, Name, Designation and Dept of Parent										
RELIGION (C / H / M)		Community	SC	BC	ST	MBC	OBC	OC	EXAM PASSED	If Graduate, Degree
<i>Fill up the Marks Grid below carefully. Write Subject names not given here. For Marks below 100, add ZERO("0") in front to complete 3 digits</i>							THE SPACE BELOW IS FOR OFFICE USE ONLY. DO NOT WRITE ANYTHING HERE			
	NAME OF SUBJECT	MARKS	MAXIMUM	PERCENTAGE						
1	TAMIL / LANGUAGE								BPAC	
2	ENGLISH								BOPT	
3	PHYSICS								BMRT	
4	CHEMISTRY								BMLT	
5	BOTANY								BRIT	
6	ZOOLOGY								BMSC	
7	BIOLOGY									
									DGNM	
8	MATHEMATICS								DMRC	
9	COMPUTER SCIENCE								DMLT	
10	ECONOMICS								DRDT	
11	COMMERCE								LPT	
12	ACCOUNTANCY									
Attempts									Have you studied 12 th standard in board other than Tamil Nadu government (Tick the relevant answer)	
No of attempts in 12th	1	2	3						Yes	No
We hereby certify that the information provided in this Application Form is correct. If any facts are not verifiable, or at a later date are found to be incorrect, we agree to any form of disciplinary action, including expulsion of the candidate from the Course.										
Signature of Candidate						Signature of Parent / Guardian				
For office use only (Do not write anything below this line)										
Regn Fee Payment	If paid by Demand Draft	DD No				Bank			Date	
If paid in Cash at Karigiri	Recpt No			Date		Verified & Signed				

DECLARATION BY PARENT / GUARDIAN AND STUDENT

- 1) We have read all the information / Rules and Regulations given in the Training Prospectus and we shall abide with all these rules and regulations.
- 2) We understand that Fees once paid will not be refunded to us under any circumstances.
- 3) We understand that the final selection to the Training will be subject to Medical Fitness
- 4) If selected, I understand that seat will be **registered only after payment of full Fees within the stipulated time** and that if the fee is not paid within the stipulated time, the seat will be offered to the next candidate in merit.
- 5) If selected and admission is provided, we will pay all fees for the second and third year within the stipulated due date and **understand my son / daughter will not be sent for exams if there are any fee dues.**
- 6) If selected, I will submit all the original certificates on time. I understand that if I do not provide the original certificates on time, the admission will stand cancelled.
- 7) The phone number provided by me is correct. I understand that all communication by the institution will be through the phone number provided by me.
- 8) I understand that Diploma courses are affiliated to CMAI or the Christian Medical Association of India.
- 9) Due to Covid-19, I understand last minute changes can happen in dates of exam / interview, which will only be communicated by phone. I understand that the institution will not be held responsible due to any issues as I voluntarily apply for the course and also voluntarily appear for entrance and interviews.
- 10) I pledge that I have not paid any donation or capitation fees of any kind towards obtaining a seat

We declare that all information given by us in the Application Form is correct. We also understand that any false information or suppression of any factual information would lead to disqualification of selection.

SIGNATURE OF STUDENT
Full Address with Phone No.

SIGNATURE OF PARENT / GUARDIAN

Date: