

SCHIEFFELIN INSTITUTE OF HEALTH RESEARCH & LEPROSY CENTRE, KARIGIRI
APPLICATION FORM FOR COURSES COMMENCING AUGUST 2023

◀ APPLICATION NUMBER REGISTRATION NUMBER ▶

*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.*

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	

Stick a recent
 COLOUR photograph
 of the candidate
 in this space.

Do not use
 Staples or Pins

NAME as in +2 Certificate; 1 space between words																Gender M / F	Married Y / N							
																	Date of Birth (DD-MM-YYYY Format)							
SON / DAUGHTER of																								
POSTAL ADDRESS																								
																	PIN							
e-mail address																								
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
----------------------	-----------	----	----	----	-----	-----	----	-------------	---------------------

*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*

**THE SPACE BELOW IS FOR OFFICE USE ONLY.
 DO NOT WRITE ANYTHING HERE**

NAME OF SUBJECT	MARKS	MAXIMUM	PERCENTAGE	COURSE	REMARKS
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

SIGNATURE OF PARENT / GUARDIAN
Full Address with Phone No.

Date:

Place: