

SCHIEFFELIN INSTITUTE OF HEALTH RESEARCH & LEPROSY CENTRE, KARIGIRI

APPLICATION FORM FOR COURSES COMMENCING AUGUST 2025

◀ 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 5 choices only.
You cannot change the choices or their order later after submitting application.

Course
Code

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

Do not use
Staples or Pins

1ST CHOICE

2ND CHOICE

3RD CHOICE

4TH CHOICE

5th CHOICE

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

10th passed (Y/N)

11th passed (Y/N)

*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

2 ENGLISH

3 PHYSICS

4 CHEMISTRY

5 BOTANY

6 ZOOLOGY

7 BIOLOGY

8 MATHEMATICS

9 COMPUTER SCIENCE

10 ECONOMICS

11 COMMERCE

12 ACCOUNTANCY

BPAC

BOPT

BMRT

BMLT

BRIT

BMSC

DGNM

DMRC

DMLT

DRDT

LPT

Attempts

Have you studied 12th standard in board other than Tamil
Nadu government (Tick the relevant answer)

No of attempts in 12th

1

2

3

Yes

No

I have read the prospectus and I understood the information. I will follow all the rules mentioned in the prospectus and other rules.
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) I understand information regarding entrance exam / interview, will only be communicated by phone/wattsapp. 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: