

CHURCH OF SOUTH INDIA HOSPITAL, BENGALURU – 560 051
Karnataka Central Diocese
SCHOOL OF ALLIED HEALTH SCIENCES
Post Bag No. 4, No. 2, H.K.P. Road, Bengaluru – 560051 Karnataka State (India)

APPLICATION FORM

APL. No.: -----Reced Date: -----By Whom: ----- Signature:-----

(PLEASE SPECIFY THE COURSE YOU ARE APPLYING FOR) State your Qualification:
SSLC/X Std pass/PUC/+2/equivalent

Applicant's Preferred Course

| | 2 Years (PUC/ +2) | 3 Years (SSLC) |
|---|--------------------------|--------------------------|
| 1. Diploma in Medical Imaging Technology | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Diploma in Medical Laboratory Technology | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Diploma in Medical Records Technology | <input type="checkbox"/> | <input type="checkbox"/> |

Name of the Applicant: -----
(IN BLOCK LETTERS)

PERSONAL INFORMATION

Parent's Names : Father's : ----- Mother's: -----

Contact Telephone Nos: Parents: ----- Student:-----
(Land Line & Mobile No.)

Date of Birth: ----- Religion: ----- Nationality: Indian / Non-Indian (I/NI)

Languages you know? Speak/Read fluently: -----

Student Marital Status: Single (Yes/No) -

If Non –Single: Specify -----

Address: -----

PARENT'S Name: -----

Occupation: ----- Phone. No:-----

Email ID: Parents ----- Students: -----

ADDRESS: -----

GUARDIAN/SPONSOR – LOCAL : Name: -----

Address: -----

Tel No. -----Email ID: -----

Emergency Contact: Name: ----- Phone No. -----

Email Id:-----

BRIEF LIFE HISTORY:

Write it below. Please tell us your life plans, hopes and aspiration for the future.?

ACADEMIC DETAILS

Public Exam Passed: SSLC : ☐ II PUC/+2/ HSC : ☐

Passed in the Year : ----- First Attempt or No. of attempts:-----

Medium of Instructions in the Previous Class: -----

| SSLC / II PUC/+2/ Equivalent Exam | |
|-----------------------------------|------------------|
| Subjects | Marks % Obtained |
| | |
| | |
| | |
| | |
| | |
| | |
| Total | |
| Percentage | |

| Parent's / Guardian | Father | Mother |
|---------------------------|--------|--------|
| Educational Qualification | | |
| Occupation | | |
| Annual Income | | |

1. Do you have a Computer (Table top/ Laptop/ Note book/ Tablet) (Yes/No)
If not can u get One? (Yes/ No)
2. Do you have a smart phone? (Yes/ No)
If not can u get One ? (Yes/ No)

I declare that the information furnished above is correct, I shall abide by the rules and regulations of the College.

Signature of the Applicant: ----- Place: ----- Date: -----

I agree to the applicant's admission to ----- I shall take care of the regular payment of all her/his fees and charges. I shall also be responsible for her/his conduct and good behavior during the period of her/his college career.

Sign of the Parents/ Guardian: ----- Place: ----- Date: -----

THE ADMISSION COMMITTEE REMARKS / INTERVIEW

| Motivation | Eng | Sub | Total | Final Interview | Overall Total | Rank |
|------------|-----|-----|-------|-----------------|---------------|------|
| 10 | 10 | 40 | 50 | 50 | 100 | |
| | | | | | | |

Remarks: -----

Original Certificates Collected : Original Xerox

- | | | | |
|--------------------------|---|----------------------|----------------------|
| 1. SSLC Marks Card | : | <input type="text"/> | <input type="text"/> |
| 2. PUC/+2 Mark Card | : | <input type="text"/> | <input type="text"/> |
| 3. Transfer Certificate | : | <input type="text"/> | <input type="text"/> |
| 4. Migration Certificate | : | <input type="text"/> | <input type="text"/> |

Certificates have been verified and found correct

Signature of Tutor

Study after SSLC (Education & Experience after High School/ College): Yes / No

Are you sponsored by any one: Yes/ No if yes Tel. No: -----

The Application should be accompanied by the following:

1. Photocopies of your SSLC/PUC/Graduate/Study Certificate and Mark Sheets
2. Photocopies of Migration Certificate if the candidate is from outside the state of Karnataka
3. Medical fitness certificate by a Registered MBBS level Medical Practitioner at least
4. Send 2 confidential Reports on the forms enclosed, directly to the Principal, School of Allied Health Sciences, C.S.I Hospital, No. 2 H.K.P Road, Bangalore – 560051
 - a. From the Principal of the School or College you have studied
 - b. From your Pastor, and for Non-Christians, from a responsible person in the Community who knows you for more than 2 years

A Reg Fee of Rs. 200/- must accompany this Application form:

Receipt No. ----- Date: -----

REGISTRATION FEES ARE NOT REFUNDABLE

DECLARATION

I have read, understood, and accept the conditions stated in the Prospectus. I declare that the above statement is true and correct to the best of my knowledge.

Signature of Parents /Guardian
& Name (in Block Letters)

----- Date:-----

Signature of Candidate
& Name (in Block Letters)

----- Date:-----

