

Application No: .....

# CHURCH OF SOUTH INDIA HOSPITAL

## KARNATAKA CENTRAL DIOCESE

Post Bag No. 4, Hazarath Kambal Posh Road, Bangalore - 560051  
Karnataka [India]

### APPLICATION FORM

### Geriatric Care Aide Course

Photo

1. Name of the Candidate : .....  
[In capital letters as entered in SSLC Certificate]
2. Age: .....
3. Date of Birth:.....
4. Gender : .....
5. Father Name / Guardian Name : .....
6. Mother Name : .....
7. Permanent Address of Parent / Guardian: .....  
.....  
.....
8. Occupation of Parent / Guardian : .....
9. Phone Number of Parent / Guardian :.....
10. Marital Status : .....
11. Category : GEN/ OBC/ ST/SC [Circle the correct category]
12. Email id: .....
13. Phone No.: .....

14. Identification Type : Alternative ID / AADHAAR ID

AADHAAR NO: .....

ALTERNATIVE ID NO: .....

15. Mother Tongue : .....

16. Religion : .....

Church Denomination : .....

17. Present Address : .....

State : ..... District : .....

Tehsil/ Mandal Block : .....

Constituency : .....

Village / Town / City : .....Pin code: .....

18. Educational Qualification:

Sl. No	Name of Examination	Name of School / Board	Year of Passing	Percentage

19. Furnish the Name & Address of

(a) Presbyter of your Church: .....

.....

OR

Responsible person in your community [for Non Christians]:

.....

(b) Principal of your School or College: .....

20. Account Number of the Candidate :

Name of the Account:.....

Account Number : .....

Bank Name : .....

IFSC CODE: .....

Branch Name: .....

## **DECLARATION**

I ..... have read and accept the conditions stated in the prospectus and I solemnly and sincerely declare that the information furnished by me in the Application form is true and correct to the best of my knowledge, belief and faith. If, however, any information furnished herein is found to be fraudulent, incorrect or untrue, I understand that I shall be liable for criminal prosecution, rejection of the application and even forfeiture of the seat. I further declare that I will refund to the institution the amount spent on me in case of failure on my part to complete the prescribed course of study unless prevented by Illness.

**SIGNATURE OF PARENT/ GUARDIAN**

**SIGNATURE OF CANDIDATE**

**PLACE:**

**DATE:**