

CHRISTIAN FELLOWSHIP HOSPITAL, ODDANCHATRAM.

Dindigul district, Tamilnadu. PIN - 624 619.

Application form for Allied Health Courses.

Diploma in Medical Laboratory Technology
Diploma in Medical Record Technology
Diploma in Radio - diagnosis (X- ray) Technology

Photo with signature

For Official use only	
Application No:	Date of issue :
Date of receipt :	

Application to be filled only by Applicant's own handwriting :

Mention by numbers (1st 2nd & 3rd) Your priority of "Course Choice" in the column right side, if you apply for more than one course :

1.	Diploma In Medical Laboratory Technology Course	
2.	Diploma in Medical Record Technology Course	
3.	Diploma in Radio - Diagnosis (X- ray) Technology Course	

Registration Fee paid : Rs..... DD No..... Bank.....

1. Name in capital letters as in School Certificates :

2. Address to which communication should be sent (with Pin code) :

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.....

3. Email Id : Mobile phone No.....

4. Date of Birth :

5. Languages Spoken :

6. Religion : Hindu / Muslim/ Christian or other : If Christian,
which denomination?

7. A. Name of the Father / Guardian :

8. B. Occupation :

C. Address :

9. Relationship to guardian and Phone number :

EDUCATIONAL QUALIFICATION :

10. a. Passing of Higher Secondary (+2) or equivalent examination

b. Subjects :

11. Other Qualification if any :.....

12. Have you applied previously here? If yes which year?.....

13. Anyone else from your family applied for any courses here this year? If yes.....

Name :Relationship :Course :

REFERENCES :

14. Give below the name and full address of :

a. Any of a prominent person in your locality who knows you well .

.....
.....

b. Principal of the High School / College you attended last :

.....
.....

DECLARATION

I declare that all the matters mentioned by me in this Application form are true to the best of my knowledge and belief. I here by agree to abide by the rules and regulations as given in the Prospectus and such other rules which may be introduced from time to time. I promise to abide by the decisions that may be taken by the authorities in case I vilocate any of the rules and regulations.

Date :

Signature of the Applicant

DECLARATION BY PARENT / GUARDIAN

I _____ Father / Mother / Guardian of declare that I shall meet all expenses of while he/she is undergoing training in Christian Fellowship Hospital, Oddanchatram.

I agree to abide by the authorities in case my Son/ Daughter violates any of the rules and regulations of the Institution.

Applicant's Signature :

Signature of Father / Mother / Guardian

Date :

Enclosures to be sent along with filled Application form :

1. Certified photocopies of Transfer Certificate (TC) SSLC (10th) and HSC (+2 marks)
2. Recent Physical fitness certificate from a reconized Physician (Medical Doctor)
3. Self addressed envelope stamped Rs.25/
4. A statement of about two pages in English about your Family and your ambition in your own "Hand writing".
5. Two charecter certificates preferably from (a) Prominent person from your locality (b) Principal of the School / College you attended last.
6. Demand Draft for the prescribed registration fee