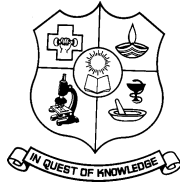


NOT TRANSFERABLE

APPLICATION No. _____



SRI GOKULAM INSTITUTE OF PARAMEDICAL SCIENCES

(A Unit of Sri Gokulam Hospitals Pvt. Ltd)

3/60, Meyyanur Road, Salem - 636 004.

Phone : 0427 - 2448171 - 76

APPLICATION FOR

Dip. in Nursing	
Dip. in Pharmacy	
Lab Technician	
C.R.A.	

Please ✓ the course applied for.

Passport size Photo

1) Name in full (Block letters) :

2) Name of the Parent / Guardian :

3) Occupation :

4) Address for Communication :

.....

Ph: Res : Off / Cell :

PIN

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5) Date of birth :
(Note : Date of birth as entered
in the school register / S.S.L.C.
Book should be given)

Date		Month		Year	

6) Age :

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7) Sex :

Male	
------	--

Female	
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8) Nationality :

Indian	Others

9) Marital status :

Married	
---------	--

Please tick (✓)

Unmarried	
-----------	--

10) Name of the Community :
(Community certificate should be produced
only in the case of Backward, Most Backward Class,
Scheduled Caste and Scheduled Tribe)

O.C.	B.C.	MBC	S.C.	S.T.	OTHERS
------	------	-----	------	------	--------

11) Caste : Caste Code :

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12) Religion :

13) Mother Tongue :

14) (a) Height (in cms) (b) Weight (in kgs)

15) Qualifying Examination :
Please tick (✓)

H.S.C.	S.S.C.E. OF CBSE	I.S.C.E.	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16) Medium of Instruction :
Please tick (✓)

Tamil	English	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. STATEMENT OF MARKS IN QUALIFYING EXAMINATION

Year of Passing :

Regd. No. :

S.No.	Subjects	Max. Marks	Marks Scored
1			
2			
3			
4			
5			
6			
	TOTAL		

18) Additional qualification, if any :

19) Average yearly income of the parent :
(In Rupees)

20) Declaration by the applicant and Parent / Guardian

We (Name in full and in Block letter) SON / DAUGHTER
of hereby solemnly declare that the information furnished and the statements
given in the application are true, correct and complete. We further declare that should it be found otherwise, We will be liable
to forfeit our seat and/or be removed from the rolls of the institution at whatever stage of study, We may be besides making
us liable for criminal prosecution.

SIGNATURE OF THE PARENT / GUARDIAN

SIGNATURE OF THE APPLICANT

Place :

Date :