

Regn. No. :
(To be filled by Office)



SRI RAMACHANDRA
MEDICAL COLLEGE AND RESEARCH INSTITUTE
(Deemed to be University)
(formerly known as Sri Ramachandra University)
Placed in 'Category – I Universities' by the UGC
Accredited by NAAC with 'A' Grade
Porur, Chennai - 600 116

Affix your latest
passport size
photograph here.

APPLICATION FORM FOR INTERVIEW FOR ADMISSION TO
B.Sc. (Hons) Sports and Exercise Sciences /
B.Sc. (Trauma Care Management) / B.Sc. Clinical Nutrition /
B.B.A. Hospital and Health Systems Management /
B.Sc. Bioinformatics / B.Sc. Health Informatics / B.Sc. Data Sciences /
B.Sc. (Hons) Environmental Health Sciences Degree Programmes - 2018

NAME OF THE CANDIDATE :
(IN BLOCK LETTERS)

| | |
|---|--|
| <p>In case of submission of downloaded application from website, should enclose a D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Medical College and Research Institute, (Deemed to be University)” payable at Chennai. (Enclose Demand Draft)</p> | <p>DD No. :</p> <p>Date :</p> <p>Bank Name :</p> <p>Branch :</p> |
|---|--|

IMPORTANT NOTE :

Candidates should complete the check list and submit it with application.

| CHECK LIST | | Enclosed Put a tick (✓) |
|-------------------|--|----------------------------|
| 1 | Application form duly filled in (only self attested photo copies to be submitted) | |
| 2 | Photocopy of the H.S.C. (+2) equivalent examination Hall Ticket, if appeared for H.S.C. or equivalent Examination in March/April 2018 | |
| 3 | Mark statement(s) issued by (State Board/CBSE/ISC or any other equivalent authority) if already passed +2 Examination | |
| 4 | Birth Certificate for proof of age (if date of birth is not given in the H.S.C. Mark Statement or Transfer Certificate) | |
| 5 | Transfer Certificate/Migration Certificate | |
| 6 | Conduct Certificate issued by the Head of the Institution last studied | |
| 7 | Photocopy of Aadhaar Card | |
| 8 | Call letter for Interview duly filled in with photograph affixed and signed – Original | |
| 9 | Call letter for Interview duly filled in with photograph affixed and signed – Duplicate | |
| 10 | In case of downloaded form D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Medical College and Research Institute, (Deemed to be University)” payable at Chennai towards application fee. | |
| Note: | Last date for submission of application | 19.05.2018 |

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B.Sc. (Hons) Environmental Health Sciences Degree Programmes - 2018

(Note : Please fill in each column in your own handwriting and put a tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

| | | | |
|--|--|-------------------------------|---------------------------------|
| 1. | a) Name of the Candidate (AS PER CERTIFICATE IN BLOCK LETTERS) | | |
| | b) Expand the initials | | |
| | c) Complete address (with District, State & PIN CODE) to which communication is to be sent | | |
| | d) Phone No. with STD Code | Residence : | |
| | | Mobile : | |
| e) E-mail of Candidate f) E-mail of Parent g) Aadhaar No. of Candidate (Self Attested Photocopy to be enclosed) | | | |
| | | | |
| | | | |
| 2. | a) Father's Name | | |
| | b) Mother's Name | | |
| 3. | Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| 4. | a) Date of birth and age | | Age: |
| | b) Place of birth, District and State | | |
| 5. | Nationality and Religion | | |
| 6. | a) Whether appearing for the H.S.C (+2) Examination in March/April 2018 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | b) If Yes, give details and enclose Photocopy of H.S.C (+2) Hall Ticket | Registration No. : | |
| | | Name of the Board : | |

| | | | | | |
|-----|--|-------------------------|---------------------------|--------------------------|--|
| 7. | Details of examination passed/ Appeared for in Mar/Apr-2018: | HSC Academic | CBSE | ISC | Any other equivalent Examination |
| | | | | | |
| 8. | If already passed H.S.C (+2), Registration No. ,Month and Year of passing the qualifying examination | Registration No.: | | | |
| | | Month & Year: | | | |
| 9. | Name and address of the Recognised School where qualified / studying | | | | |
| 10. | Marks obtained in the qualifying examination (If already passed, enclose self attested Photocopy of Mark Statement(s)). Please tick (√) against the subjects appeared for at the H.S.C. (+2) Examinations. | | | | |
| | SUBJECT | PUT (√) MARK | MARKS OBTAINED | MAXIMUM MARKS | MINIMUM MARKS FOR PASS |
| | ENGLISH | | | | |
| | PHYSICS | | | | |
| | CHEMISTRY | | | | |
| | BIOLOGY | | | | |
| | BOTANY | | | | |
| | ZOOLOGY | | | | |
| | MATHEMATICS | | | | |
| | TOTAL | | | | |

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further declare that I have read fully the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

Place :

Signature of the Candidate

Date :

Signature of the Parent/Guardian



SRI RAMACHANDRA
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Original

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B.Sc. (Hons) Environmental Health Sciences Degree Programmes – 2018

Name and mailing address of the Candidate:

(same as in Column 1(c) of application)

Name : Mr./Ms. _____

Address : _____

State : _____ PIN Code :

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Mobile : _____ Phone(with STD Code) : _____

Affix your latest
 Passport size
 photograph and
 put your signature
 on the photograph

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 (Signature of the Candidate)

(FOR OFFICE USE ONLY)

REGISTRATION No. :

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 (WILL BE ASSIGNED BY OFFICE)

PLACE OF INTERVIEW : **SRI RAMACHANDRA MEDICAL COLLEGE & RESEARCH INSTITUTE**
(DEEMED TO BE UNIVERSITY)
PORUR, CHENNAI - 600 116

DATE : **11.06.2018 (MONDAY)**
12.06.2018 (TUESDAY)

TIME : **10.00 a.m.**

Signature of the Issuing Authority : _____

Signature of the Candidate
 (To be signed at Interview Hall)

Important Note : Candidates are instructed to report at the Interview Hall atleast half-an-hour before the scheduled time.



SRI RAMACHANDRA
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Duplicate

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