

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
Porur, Chennai - 600 116

Affix your latest
passport size
photograph here.

APPLICATION FORM FOR ADMISSION

PG Paramedical / Health Sciences Degree Programs – 2018

M.P.T/M.Sc. (Medical Anatomy)/M.Sc. (Medical Physiology)/M.Sc. (Medical Biochemistry)
M.Sc.(Medical Microbiology and Applied Molecular Biology)/M.Sc.(Medical Laboratory Technology)/
M.Sc. (Neuroscience)/M.Sc. (Medical Imaging Technology)/ M.Sc. (Renal Sciences & Dialysis Technology)/
M.Sc. (Urology Technology) /M.Sc. (Human Genetics)/ M.Sc. (Biotechnology)/ M.Sc. (Medical Bioinformatics)/
M.Sc. (Clinical Nutrition)/M.Sc. (Trauma Care Management)/M.Sc.(Perfusion Technology)/
M.Sc. (Applied Child Development)/ M.Sc. (Biomedical Sciences)/ M.Optom. (Master of Optometry)/
M.Sc. (Clinical Embryology) , M.P.H. (Occupational and Environmental Health) and
M.Sc. Industrial Hygiene & Safety (3 year - part time).

- i. NAME OF THE CANDIDATE :
(IN BLOCK LETTERS)
- ii. COURSE APPLIED FOR :
- iii. Demand Draft Details :

<p>In case of submission of application downloaded from website, 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.</p>	<p>DD No. :</p> <p>Date :</p> <p>Bank Name :</p> <p>Branch :</p>
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IMPORTANT NOTE:

Candidates should check the list and submit it with application.

S.No.	Item of Document	Whether enclosed (Put a tick (✓))
1	Application form duly filled in (only self attested photo copies to be submitted)	
2	Photocopy of the Degree Examination Mark Statements (First year to Final year)	
3	Provisional Pass / Degree Certificate	
4	For final semester appearing students, letter from the college Principal last studied	
5	Attempt Certificate	
6	Transfer Certificate/Migration Certificate	
7	Internship Certificate (if applicable)	
8	Conduct Certificate issued by the Head of the Institution last studied	
9	Photocopy of Aadhaar Card	
10	Original call letter for Interview duly filled in with photograph affixed and signed	
11	Duplicate call letter for Interview duly filled in with photograph affixed and signed	
12	Registration Certificate issued by MCI/DCI/PCI / INC / RCI (if applicable)	
13	Demand Draft for Rs. 1000/- (if application is downloaded from the website)	
Note:	Last date for submission of application	23.06.2018



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(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 (IN BLOCK LETTERS AS GIVEN IN HSC CERTIFICATE)	
	b) Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	c) Expand the initials	
2.	a) Father's Name	
	b) Mother's Name	
3.	a) Complete address (with District, State & PIN CODE) to which communication is to be sent	
	b) Phone No. with STD Code	Residence : Mobile :
	c) E-mail of Candidate	
	d) E-mail of Parent	
	e) Aadhaar No. of Candidate (Self Attested Photocopy to be enclosed)	

4.	a) Date of birth and age		Age:Yrs.
	b) Place of birth, District and State c) Community (Put a tick (✓))	OC <input type="checkbox"/>	OBC <input type="checkbox"/> SC/ST <input type="checkbox"/>
5.	Nationality and Religion		
6.	Qualifying examination passed (Photocopy of Degree Certificate and Statement of Marks of all Examinations to be enclosed)	Name of the Degree :..... Univ. Exam. Regn. No.:..... Month :..... Year :.....	
7.	a) Name and address of the College where qualified		
	b) Whether the College is recognised by the M.C.I./D.C.I./P.C.I./A.I.C.T.E./ I.N.C./R.C.I.	Recognised <input type="checkbox"/>	Not Recognised <input type="checkbox"/>
	c) Details of Registration with the Professional Council (if applicable)	Council Name & State :..... Regn. No. & Date :.....	

8. Marks Secured inDegree Course:

	Subject(s)	Marks Secured	Maximum Marks	Month & Year of Passing	No.of attempts
I YEAR					
II YEAR					
III YEAR					
FINAL YEAR					
	GRAND TOTAL			Percentage of Marks	

9.	Name of the University which awarded the Degree (furnish PIN code and State)	
10.	Whether the candidate has passed all the examinations in the first attempt	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Whether appeared / appearing for final year Degree examination (Photocopy of the Hall Ticket or a certificate from the College Principal as specified specified in the prospectus should be enclosed)	

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me hereinabove is 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 :

Date :

Signature of the Candidate



**SRI RAMACHANDRA
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**CALL LETTER FOR INTERVIEW
PG Paramedical / Health Sciences Degree Programs – 2018**

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M.Sc. Industrial Hygiene & Safety (3 year - part time) .

Name and mailing address of the Candidate: (IN BLOCK LETTERS)
(Same as in Column 3 (a) of application)

Name: Mr./Ms. _____

Address: _____

State: _____ PIN Code :

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Mobile:----- Phone No.(with STD Code) -----

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

.....
(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 : **09.07.2018 (MONDAY)
10.07.2018 (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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CALL LETTER FOR INTERVIEW

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photograph

Mobile:----- Phone No. (with STD Code) -----

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(Signature of the Candidate)

(FOR OFFICE USE ONLY)										
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