



SANTHI COLLEGE OF HEALTH SCIENCES

Affiliated By: The Tamilnadu Dr.M.G.R Medical University, Chennai & Indian Medical Association (IMA)

Opp LAL, Mookandapalli, Hosur. Ph: 8870049201 Website: www.santhicollege.com

Application No: _____ / _____ / _____

ADMISSION FOR THE ACADEMIC YEAR 20 - 20

B.Sc Physician Assistant

Advanced Health Asst. - 3 Years

B.Sc Medical Laboratory Tech.

Dip. in Health Asst..

B.Sc Critical Care Tech.

Dip. in Lab Tech.

B.Sc OT and Anesthesia Tech.

Dip. in X Ray Tech.

Dip. in OT Tech.

Affix recent
passport size
photo here

Admission Quota:

Govt.

Management

1. Name of the Candidate: _____
(in Block Letters with initials at last)

2. Father's Name: _____

3. Mother's Name: _____

4. Spouse Name: _____
(if Married)

5. Sex: MALE FEMALE TRANSGENDER

6. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 Age: _____ Years

7. Nationality: Indian Others (Specify) _____

8. Religion: Hindu Christian Muslim Others _____

9. Community: OC BC MBC OBC SC ST BCM Others _____

10. Permanent Address: _____

Pincode _____

11. Address for communication: _____

Pincode _____

12. Phone Number: Father: _____ Mother: _____

Number to which the result to be sent: _____

13. E mail: _____

14. Blood Group: _____ 15. Aadhar Number: _____

16. Qualification:

Qualifying Examination Passed		Month & Year of Passing	
Board			
Name of the School			
Place			
State			

17. Details of the Mark Secured in the Qualifying Examination:

Subject	Paper	Marks Obtained	Max Marks	Reg No.	No. of Attempts	Month & Year of passing
(L)	Total					
(L)	Total					
	Thy					
	Prac					
	Total					
	Thy					
	Prac					
	Total					
	Thy					
	Prac					
	Total					
	Thy					
	Prac					
	Total					
	Total					

18. Details of the certificates submitted:

Certificate	Certificate No.	Date of Issue	Issuing Authority	Place
Mark sheet (H.Sc)				
Mark sheet (SSLC)				
Community certificate				
Eligibility certificate				
Migration Certificate				
Transfer certificate				

19. .Mother Tongue: _____

20. Occupation of the Parent: _____

JOINT DECLARATION BY THE CANDIDATE / PARENT

- ❖ The information furnished are true and correct to our knowledge & belief. If any information is found incorrect /false, I agree to the decision taken by the management. Also we declare that I will not claim/ask for any change with regard to any of the particulars furnished above.
- ❖ We agree to abide by the rules and regulations of the university & Santhi College of Health Sciences as framed from time to time.
- ❖ Students who do not show progress in studies & discipline or found disturbing the classes will be punished/ suspended from the college.
- ❖ The fees once collected will not be refunded for any reasons. In case of discontinuation of the course, You have to pay the course fees completely. Certificates are returned only after the payment dues are completely settled.
- ❖ The duty hours of the college will be maintained strictly and minimum attendance percentage should be maintained to attend the examination.
- ❖ We do agree to do the compulsory clinical internship for the period of 6 months / 1 year wherever the candidate has got allocated. In terms of violation we agree to obey with any claim by the college.
- ❖ Usage of cell phones inside the college premises is strictly prohibited. If found the cell phones will be ceased.
- ❖ Ragging is strictly banned inside the college. If found, the candidate will be terminated from the college and legal actions will be taken against the candidate.

(Signature of the Parent / Guardian)

Name:

(Signature of the Candidate)

Name:

CERTIFICATE BY THE AUTHORIZED PERSONEL

The above mentioned details are certified to be true after due verification with the relevant documents and I hereby recommend the candidate for Admission.

Date:

Signature of the Authority

Seal:

ORIGINAL CERTIFICATES TO BE SUBMITTED:

- 1. HSC (First year / Second year) Mark sheet
- 2. Transfer Certificate
- 3. SSLC Mark sheet
- 4. Community Certificate
- 5. Nativity Certificate
- 6. Eligibility certificate / Migration Certificate (If Applicable)
- 7. Passport size photos - 6 Nos (white Background must)

Fee Particulars

(Signature of the Parent / Guardian)

(Signature of the Candidate)

CANDIDATES PHOTO	CANDIDATES SIGNATURE