

APPLICATION FOR ADMISSION TO THE
DIPLOMA IN CARIOVASCULAR TECHNOLOGY
LISIE HOSPITAL, KOCHI-18, KERALA

- 1. Name(Block letters) :
- 2. Age :
- 3. Height :
- 4. Weight :
- 5. Married/Single :
- 6. Religion and Caste :
- 7. Address :

- 8. Address of the Guardian :

- Relationship :
- Occupation :
- Annual income :

- 9. Contact phone :

- 10. Educational Qualifications :

SSLC

Year.....Marks(%).....

PLUS TWO/PDC/VHSC

Year.....Subject.....Marks(%).....

B.SC.

Year.....Subject.....Marks(%).....

Other Qualifications if any

Declaration

The statements made by me in this application and the copies of certificate forwarded with it are true.

Place:

Signature of the applicant

Date:

Signature of the guardian

Copies of Certificates to be attached

- 1) Birth Certificate (Front page of the SSLC Book)
- 2) Copies of SSLC, Plus Two & B.Sc Mark lists
- 3) B.Sc Certificate
- 4) TC and conduct certificates
- 5) Other certificates, if any.