

Application No: DMLT –

E.S. COLLEGE OF PARAMEDICAL SCIENCE

(Approved by Govt. of Tamil Nadu and Affiliated to Kings University, Chennai)

A Unit of Shantha Medical Foundation

Chennai – Trichy Highway (NH-45), E.S. Nagar, V.Salai, Sithani – 605 652, Villupuram – Tk. & Dist.

Application for admission to **DMLT (Diploma in Medical Lab Technology) Diploma Course** for the academic year 2012 - 2013 to be filled by the candidate herself/himself.

Last date for receipt of application **July 15th 2012** .

From
(IN BLOCK LETTERS)

**Passport Size
Photo to be fixed**

Telephone No:-

To:

The Admissions Officer
E.S. College of Nursing
Chennai – Trichy Trunk Road
Villupuram – 605 401.

College No: 04146-294445/294446
Fax : 04146 – 258425
E-mail: esconadmission@gmail.com
Website : www.escon.co.in

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form are true to the best of my knowledge.

I have read and understood the prospectus and I hereby undertake to abide by all the rules and regulations mentioned therein the prospectus of **E.S. College of Nursing and Hospital** for the DMLT Diploma Course for the year 2012 - 2013.

I also agree to follow the discipline of the College and promise not to indulge in any form of indiscipline that brings disrepute to the College. I am willing/not willing to put in **one/two** years of service after the studies (Tick mark where applicable.)

Dated :-.....

Signature of the Candidate

Signature of the Parent / Guardian

Name and Address_____

(Relationship together)_____

For Office use only

<p>Recommended / Not recommended</p> <p>HOD</p>	<p>Admit / Reject</p> <p>PRINCIPAL</p>
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PERSONAL DATA

1. Name of the Applicant in full (Block Letters)

As per S.S.L.C. Record

:

2. Full name of Father

:

3. Full name of Mother

:

4. Sex

:

5. Age & Date of Birth

:

6. Religion

:

7. Caste-Hindu/Muslim/Christian/Others

:

8. Marital Status

:

9. Nationality

:

10. The State which you belong

:

11. Permanent Address

:

12. Address to which correspondence is/has to be sent

:

13. Years of domicile

:

14. Mother Tongue

:

15. Languages known to speak

:

16. Approximate annual income of the family

:

17. Health Condition

(Mention if any history of chronic illness/physical
Defect is present)

:

18. Telephone No:-

® _____

(O) _____

Mobile _____

STD Code : _____

Fax No. _____

**Give the closest telephone No: & STD code No
(if telephone is not owned)**

:

EDUCATIONAL QUALIFICATION

Examination/ Course	Name of the Board/University /Council	Name of the College / School	Month & Year of Passing	Duration of the Course	Aggregate Marks in% & Division	Register Number
a) S.S.L.C.						
b) +2 (or) Equivalent Examination						
c) Others Specify						

Details : H.Sc., Marks / VMLT :-

Subject	Max. Marks	Marks Obtained	Total
1.			
2.			
3.			
4.			
5.			
6.			

FINANCE RESOURCES :

- Fellowship / Scholarship :
- Deputation :
- Self Support :

HOSTEL :

Do you need hostel accommodation – Yes / No (Please tick mark what is applicable)

BRIEF FAMILY HISTORY

Name :	Age	Alive / Dead	Qualification	Occupation	Income	Health Status
Father / Spouse :						
Mother :						
Brother / Sister /Children :						
1.						
2.						
3.						

Note : Please indicate the names of Parents, Siblings / Spouse, children (which is applicable) in the columns given above. Strike off what is not applicable.

ATTESTED PHOTOCOPIES OF THE ENCLOSURES REQUIRED : (Don't enclose originals)

- a) S.S.L.C. Certificate (10th Std.)
- b) H.S.C. Certificate
- c) Transfer Certificate
- d) Conduct Certificate / Character Certificate from Head of the Institution last studied / employed.
- e) Community Certificate.
- f) Income Certificate
- g) Medical Fitness Certificate from a Registered Medical Practitioner.
- h) Migration Certificate (for other State Candidates)
- i) Eligibility Certificate (for Other State Candidates)
- j) 5 Passport size photographs.
- k) One self-addressed stamped envelope.

NOTE :-

1. Last date for receipt of filled in application form will be **July 15th 2012**.
2. All the Certificates should bear the name as per S.S.L.C. Certificate.
3. Any change of name should be accompanied by an affidavit to that effect.
4. Application accompanied by the above mentioned Certificates only will be considered.
5. If admission is not approved by University, T.C. will be issued without any refund of the fee paid.
6. If he / she discontinues his/her studies in the middle of the course, he / she should pay the total fees for the relevant academic year.
7. Application fee of **Rs.150/-** should be paid by cash or DD drawn in favour of '**Secretary, E.S.College of Nursing**' payable at Villupuram.