## **APPLICATION** No:

**DATE:** 



WAter, Sanitation and Hygiene (WASH) Institute

7/45 E, Srinivasapurm, Shenbaganur post, Kodaikanal - 624 104, Tamil Nadu Phone: 04542-240883

Affix Passport size photo

## **APPLICATION FOR ADMISSION - 2013-14**

(Course Affiliated with Madurai Kamaraj University, Tamil Nadu)

<b>Application Form for: (Tick </b>	the appropriate Box)
One year PG Diploma Course in Environmental Sanitation	
One year Certificate course for Capacity Building of hea	lth Workers
1. Name of the candidate (Write in Block letters)	,
2. Name of Father/Husband/ Guardian:	
3. Date of Birth (in Christian era) Date Month Year	4.Sex Male Female 5.Nationality
6. Religion  7. Caste (Please tick the appropriate box)	BC MBC MBC SC SC ST (Arunthathier)
8.Communication address with Pin code :	9.Permanent Address with Pin code:
Phone Number with STD code:	Phone Number with STD code:
Mobile No:	Mobile No:
10. Educational Qualification (Please tick the appropriate box)	HSC B.Sc others
11.Name of Qualifying Exam Passed with Subject and Percentage	Documents to be sent (Tick the Box)
Degree :	Copies of Mark statement/ Grade
Major : Ancillary: 1	Copies of community certificate
2	Two self addressed stamped envelope for Rs 10 each
	Demand Draft (DD) a cost of Rs.100/- in favor of WASH Institute payable at Kodaikanal

Place : Date :

Signature of the candidate

## **DECLARATION BY THE APPLICANT**

I declare that the entries made by me and the documents submitted in support of the information furnished by me in the application form are true in all respects and in case any entry or information or document is found to be false, this shall entail automatic cancellation of my admission besides render- ing me liable to such action as the institute may deem proper. I note that my admission to the institute and my continuance on its roll are subject to the provisions of the institute rules and instructions, which may be issued from time to time. I shall abide by the rules of discipline and proper conduct, which may be framed in this regard.

**DECLARATION BY THE PARENT / GUARDIAN** 

SIGNATURE OF THE APPLICANT

Ν

THE PRINCIPAL,

WASH INSTITUTE,

**KODAIKANAL - 624104** 

Place: Date:

Phone: 04542 - 240883

Email: courses@washinstitute.org

Place:		CICALADIDE OF DITE DADENIE / CIL	A DDI A NI	
Date:		SIGNATURE OF THE PARENT/GUARDIAN		
		Sponsorship Certificate		
		(If applicable)		
I declar appointment in	-	nsored by me is a regular employee. I am also enclosing	g the proof of	
Station:	drounng are duranton	Signature of the Sponsorin	o suthority	
Station: Date and Sea	C	Signature of the Sponsorin  Name of the auth	· ·	
Date and Sea	C	Name of the auth For Office Use	· ·	
Date and Sea	l:	Name of the auth  For Office Use  Application received date:	nority	
Date and Sea  DD  ame of the Bank	l:	Name of the auth  For Office Use  Application received date:  Copies of Mark statement enclosed	onority Y N	
Date and Sea	l:	Name of the auth  For Office Use  Application received date:	nority	

enclosed

Two self addressed, stamped envelope