

REGISTRATION NO.

(To be filled in by office)



APPLICATION NO.

THE GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST
SOUNDRAM NAGAR, GANDHIGRAM (PO) - 624 302, DINDIGUL DISTRICT, TAMIL NADU, INDIA

APPLICATION FOR ADMISSION TO

P.G. DIPLOMA IN HEALTH PROMOTION AND EDUCATION

(Note: All entries should be typed or handwritten in BLOCK LETTERS)

01	Name	:		Photograph
02	Sex	:	Male <input type="checkbox"/> Female <input type="checkbox"/> Height _____ Weight _____	
03	Nationality	:	_____	
	Religion	:	_____	
04	Date of Birth	:	Date _____ Month _____ Year _____	
05	Present Address	:		
	Phone / Mobile No.	:		
	Email	:		
06	Permanent Address	:		
	Phone / Mobile No.	:		
	Email	:		

07	Name of State and District to which the candidate belongs	:	
08	Name, occupation and address of Father / Husband / Guardian in full	:	
09	Annual income of Father / Husband / Guardian / Candidate	:	
10	Marital status (Married / Single / Separated / Widow / Divorcee)	:	
11	Community (please tick clearly against the box below and support with a certificate from the Revenue Officer not below the rank of a Deputy Tahsildar) Scheduled Caste <input type="checkbox"/> Scheduled Tribe <input type="checkbox"/> Backward / Other Backward Community <input type="checkbox"/> General <input type="checkbox"/>		
12	Mother Tongue	:	
	Other languages Known (please use ✓)	:	1. Speak _____ Read _____ Write _____ 2. Speak _____ Read _____ Write _____ 3. Speak _____ Read _____ Write _____

13. Educational Qualification : (Give full details in chronological order starting from Secondary School Leaving Certificate and support with attested copies of original certificates)

Certificate / Diploma / Degree obtained	Year	Reg. No.	Name of the Board / University	Main Fields / Subjects of Study	Marks obtained	%
SSC / SSLC / 10 th Std						
+2 / HSC						
U.G.						
P.G.						
Others						

14. Employment details starting with your present or most recent post, if any (support it with attested Service Certificates)

Period		Exact Designation of the Post held	Name of the Employer with Address
From	To		

Period		Exact Designation of the Post held	Name of the Employer with Address
From	To		

15. State special particulars, if any :

16. Details of enclosures :

DECLARATION

I certify that the particulars furnished above by me are true, complete and correct. If any discrepancies found in future, my candidature may be withdrawn.

Place : _____

Date : _____

Signature of the Applicant