

India Heart Foundation
(A Unit of Venkataeswara Hospitals)
No.36A, Chamiers Road, Nandanam, Chennai - 35

Application for course : _____

For the Year: _____

(ENTRIES TO BE MADE IN BLOCK LETTERS)

Affix Passport
Photograph

PERSONAL INFORMATION

1. Name of the Applicant _____
2. a. Permanent Address _____

Pincode: _____ Tel: _____
Mobile _____
b. Address for Communication _____

Pincode: _____ Tel: _____
Mobile _____
3. Date of Birth: Date: Month Year
4. Age
5. Sex: Male Female
6. Father / Guardian Name: _____
7. Nationality: Indian N.R.I: _____
(specify)
8. Name of the Community SC ST MBC BC OC
9. Name of the Institution / College and university where last
studied _____

10. Provide details of marks obtained in the qualifying examination:

Name of the examination	Subjects	Board/University	Year of Passing	Total Marks obtained	Maximum Marks	Final (%) of Marks	Div
Class X							
Class XII or equivalent (specify)							
Any other (specify)							

- As calculated for declaring the result and award of division by your board/university. If marks are not awarded give cumulative grade point average or its equivalent.

If you have any gap in time from latest board/university examination mentioned above to the time of this application. Specify _____

Declaration of the Applicant

I hereby declare that the particulars furnished above are correct. I agree that the authorities may invalidate my application, at any time, if any of the information furnished is found to be false. I am aware that my eligibility for admission to a programme will be decided by the concerned admitting authority.

Place:

Date:

Signature of the Applicant.

INSTRUCTIONS

1. Please read the prospectus carefully before filling in the application.
2. Please fill in with tick mark wherever applicable.
3. Applications must be completed in all respects, incomplete Application will be rejected.
4. In case, the students withdrawing from programmes after admission, NO REFUND OF FEES will be made by the institution under any circumstances.
5. The application form cost Rs.500/- which is payable by DD in favour of “INDIA HEART FOUNDATION”.

Send the filled Application along with DD to:

**The Course Director,
India Heart Foundation
(A Unit of Venkataeswara Hospitals),
No.36A, Chamiers Road,
Nandanam, Chennai – 600 035.**

Note:

The following Xerox copy of the certificates should be submitted with the application, failing candidates will not be registered for the course. The original certificates should be submitted on the date of joining the course.

1. HSC / Equivalent Mark statement (s).
2. Transfer Certificate.
3. Proof for Date of Birth (in case if it is not available in T.C / Mark statement).
4. Migration certificate for other than HSC of Tamil Nadu.
5. No objection Certificate (NOC) for foreign candidates.
6. Eligibility Certificate obtained from this University for other than HSC of Tamil Nadu.
7. Eligibility Certificate obtained from this University for foreign candidates,
8. Community Certificate for the entire category.
9. Passport size photographs – 6 nos.
10. Medical fitness certificate from gazetted officer.
