

**PATTOM THANU PILLAI MEMORIAL
INSTITUTE OF PARAMEDICAL SCIENCE**
Punnakulam, Kottukal P. O. Balaramapuram,
Trivandrum Pin 695501 Ph : 0471-2268136 Mob : 9497472320
**APPLICATION FOR ADMISSION TO TWO YEAR
HEALTH INSPECTOR COURSE**

*Affix a
passport size
photo*

1. Name of the Student :

2. Address for communication :

3. Permanent Address : Pin : Tele. No.

4. Date of Birth : Pin : Tele No.

5. Place of Birth :

6. Nationality :

7. Community /Caste & Religion :

8. Whether SC/ST/OBC/OEC :

9. Name, Occupation, Address and
Income of Father, Mother and Guardian :

| | Father | Mother | Guardian |
|------------|---------------|---------------|-----------------|
| Name | | | |
| Occupation | | | |
| Address | | | |

| | | | |
|--------|--|--|--|
| Income | | | |
|--------|--|--|--|

10. Details of qualifying examination (HSS/VHSS/PDC)

| Exam passed | Reg.No. year of passing | Class/ Division | Marks obtained in each Subject | | | | | | % of Marks | Board / University |
|-------------|-------------------------|-----------------|--------------------------------|-------|-------|-------|-------|-------|------------|--------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |

11. Name and full address of the School /College last attended :

12.Extra curricular activities (Attach certificates): Sports NCC NSS Others

ENCLOSURES

- Attested copies of
- a Certificates & Mark Lists (Qualifying Examination)
 - b. Copy of S.S.L.C. Book/Card
 - c. Caste / Community Certificate and Income certificate

DECLARATION BY THE APPLICANT

I.....son/daughter of

.....hereby declare that the information furnished by me in the application are true to the best of my knowledge. If any such information is proven to be wrong, I hereby agree that I shall be removed from the rolls of the Institution at any stage of study, and shall be liable for criminal prosecution.

Name and Signature of the applicant

Place:

Date :