SCHOOL OF HOLISTIC HEALTH SCIENCES AND RESEARCH

(Under the Charter of TamilNadu Scientific Research Organisation)
PUDUKKOTTAI-622003

APPLICATION FORM FOR ADMISSION OF HOLISTIC HEALTH SCIENCE COURSES

2013-2014

Affix self attested recent small size photograph

(PG Diploma in Holistic Health Sciences, Diploma in Bach Flower Remedies, Higher Diploma in Acupuncture, Diploma in Nature cure Therapies, Diploma in Herbal Remedies)

(To be filled in completely by the Candidate Only in his/hers own hand Writing)

Application Number	Date	Month	Year

Name of the Course	Course Code

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1. Candidate's Name: _____

2. Father's Name : _____

4. Date of Birth : Date [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ] Age [ ]

5. Sex : Male [ ] Female [ ]

6. Category (write SC/ST/OBC/OBC(Minority) General in Box as the case may be): [ ]

7. Do you belong to Physically Challenged Category [ ] Yes [ ] No

8. Communication Address: _____

_____

Mobile No.:_____Phone No.: _____

E-mail Id.:_____Website if any: _____

9. Permanent Address : _____

_____

10. Nationality: Indian ☐ Foreigner ☐ Indicate the name of your State, if Indian, OR Country, if Foreigner: ☐

11. Academic Record (Please enclose the documentary evidence for the entries in these columns)

Name of the Examination	Board/University	Year of passing/ appearing	Subject	Marks Obtd.	Total	%
High School or equivalent						
Intermediate or equivalent (10+2 level)						
Graduation (Bachelor's Degree)						
Post-Graduation						
Any other degree/Diploma etc.						

12. Name of the institution where from you have last passed the qualifying examination:

_____

13. Fee Details: Amount Rs. ☐ D.D.No: ☐ Bank : ☐

NOTIFICATION

In case of incomplete application form or non-submission of relevant certificate/ document in support of any information desired in the application form, the application form shall not be considered. No correspondence shall be entertained in this behalf.

DECLARATION

I hereby declare that all the particulars stated above have been filled in by me in **my own handwriting** and that the information given by me in the application form is true and no fact has been suppressed. I have read the Information Bulletin and the terms and conditions given therein and satisfied myself that I fulfill all the admission eligibility requirements. In case any information furnished by me is found wrong, my candidature for admission be cancelled outright without giving me any opportunity and further that any disciplinary action be also taken against me.

Place : ..... **Signature of the Candidate** _____

Date : …….. Name of the Candidate _____

List of enclosures:

List the documents enclosed with the application form:

1. Attested Xerox copies of the Educational Qualification and Age Proof (Academic)
2. Two Passport-size photographs and Identity Proof (Voter ID/ Driving License/Ration Card /if any.)
3. Attested Xerox copies of the Additional Qualification (Acupuncture and other medical systems)
4. Attested Xerox copies of Practitioner license/RMP/Membership certificate if any.
5. Course Fee DD/Cheque/Money Transfer/ by cash

For office use only

Status : Admitted / Not Admitted Documents : Correct/Not Correct

Admission No……. Year …… Date …….

Note :(If any)……. ……. **Director /Head**