

LOURDES COLLEGE | SCHOOL OF PARAMEDICAL SCIENCES

APPLICATION FORM

Photo

Courses applied :1.....
2.....
3.....

1. Students Name	In English		
	In Malayalam		
2. Date of Birth		3. Age	
4. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
5. Religion		6. Caste	
7. Parish Church			
8. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
9. Name of Parent			
10. Parent's Occupation			
11. Address	For Communication	of Parent / Guardian	
House Name / No			
Street			
District			
Pincode			
Tel. No with STD			

Course	Name of the Board	Name of School	Year of Passing
SSLC			
Plus Two			

SSLC Plus Two BSc (Tick the appropriate)

Subjects	Marks	Grade	No of Appearance

8. Present Employment, if any,
with the name of the institution :

DECLARATION : I..... do hereby declare that all entries made above are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of the School | College and in case of any misconduct I am liable for punishment including removal from the course programme

Place:
Date: Signature of the Applicant

DECLARATION OF THE PARENT / GUARDIAN

I do hereby declare that my ward.....will abide by the rules and regulation of the centre and in case of any misconduct on the part of my ward he/she may be punished, includingremoval from the course as decided by the School | College.

Place:
Date : Signature of the Parent / Guardian

Note: Attested Copies of the following Certificates should be attached
 · Proof of Age, SSLC Certificate/ Plus two, Mark list,
 Degree Certificate and Conduct certificate