LOURDES COLLEGE OF PARAMEDICAL SCIENCES



Lourdes Hospital Road, Kochi - 682012

Phone: 0484 4123456, Extn: 5144,5145 Fax: 0484 2393720, Email: paramedical2003@gmail.com

Applica t						
TO BE FILLED BY THE APPLICANT						Pass port
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. a. Name in full					b	. Gender
. Permanent Ado	dress					
. Address to whi	ich communicatio	ons are to be	sent			
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Name of the institution Note: Attested Copies of the following Certificates should be attached								
	Name	of the institution	Note: Attested	Conies of the	following	Certificates	chould he	attached

- SSLC Certificate
- Plus two Mark list
- Degree
- Conduct certificate
- T.C

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l	do hereby declare that all entries made above are tru
to thebest of my knowledge and belief. I agree to abide b	by the rules and regulations of the Centre and in case of
any misconduct I am liable for punishment including rem	noval from the course programme.
Signature of the Applicant	
Place:	Date:

Signature of the Parent/Guardian

GENERAL INFORMATION

- 1. Application Forms can also be obtained from the Paramedical College Office from 10th May 2024 onwards.
- 2. The last date for submission of Application Form is 31st May 2024
- 3. Hostel facility is available for girls & boys.
- 4. For more information: Ph: 0484 4125144, 4125145



