

## Star Institute of paramedical Sciences

Recognised by A.P. Paramedical board / D.M.E VISSA VAVILLATIPIDU, DHANALAKSHMI PURAM, NELLORE RURAL,ANDHRA PRADESH 524003 TEL.: 09885780894, 7337525222

Passport size

e-mail: vcnnellore@gmail.com

## APPLICATION FORM FOR ADMISSION INTO

Diploma in Dialysis Technician ( 2 Years Course)

<ul> <li>Diploma in Medical Lab Technician (2 Years Course)</li> <li>Diploma in Raidio GraphicTechnician (2 Years Course)</li> <li>Diploma in AnesthesianTechnician (2 Years Course)</li> </ul>			
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( c ) Month & year of Passing the qualifying examination	: Month: Ye ar:
(d) Marks obtained in S.S.C	:
(e) Marks obtained in Intermediate or Equivalent Examination	:
9. Name and address of two persons	: 1)
relatives for reference. If the candidate	
has been previously employed one of	
these should be from the last employer.	: 2)
10. Registration fee in favour of Secretary	: Rs.150/- D.D.No Dt
11. Whether the candidate belongs to Backward Class/ Scheduled Caste/ Scheduled Tribe declare by the Govt. of Andhra Pradesh as such if so, please specify the category. Evidence to be produced in the latest proforma issued by the Social Welfare Dept.	:SC ST A B C D OC
12. Specify the State and District	:
	DECLARATION

I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in the enclosures thereto submitted by me are true and correct. I have not kept any information secret. Should it however be found that any information furnished therein is false, incorrect or untrue in material particulars, I realize that my selection or admission to the course is liable to be canceled and I am liable to criminal prosecution. Further I also agree to forgo my seat in the Training Institute unconditionally. If selected for training I am prepared to pay the fees in full and abide by the RULES and REGULATIONS of the Institute.

Signature of the Applicant.

I have fully read the information furnished by my daughter / ward and affirm that it is true and if it is proved that the. information was fraudulent, I am liable to be prosecuted.

Date:

Place:

Signature of the Father/Guardian (Guardian if father not alive)

Note: No application will be entertained unless the declaration is signed by candidate and Parent / Guardian. (Guardian, if Father is not alive)

## DOCUMENTS TO SUBMITTED ALONG WITH THE APPLICATION FORM:

- 1. Attested copy of S.S.C. or any equipment examination showing the date of birth of the candidate.
- 2. Attested copy of the Intermediate or P.D.C. or 10+2 Certificate showing statement of marks obtained in the qualifying examination.
- 3. Attested copy of the Migration Certificate showing statement of marks obtained in the qualifying examination.
- 4. Attested copy of the Study, Bona fide Certificates from 6th to Intermediate Senior.
- 5. Certificate of Social Status in case of candidates belong to S.C./S.T./B.C. in the form prescribed form.
- 6. Two attested conduct certificates, one from the Head of the Institution in which the candidate studied and the other from a respectable officer of the State Government or any other respectable person.
- 7. Attested copy of the transfer certificate from the Institution in which the candidate last studied.
- 8. Certificate of Physical fitness from a registered Medical Practitioner.
- 9. Four recent passport size photographs duly attested by a Gazetted Officer.
- 10. The following certificates are required in respect of S.C./S.T./B.C. candidates in addition to the above.
- a) Scholarship certificate if received Scholarship (Attested copy)
- b) Service Record and S.S.C. Certificate or Parent, if in service for verification of Social Status. (Attested copy)
- c) Service Certificate and S.S.C Certificate of nearest relative, if parent is not in service for verification of Social Status.
- 11. Two self addressed envelops 11cms. x27 cms. affixing Stamp worth Rs. 100/- each



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