

Serial	No
JCIIGI	110

Application Form

POST GRADUATE DIPLOMA IN HEALTH ADMINISTRATION 2015 -16

Affix
Photograph

Instructions:

- 1. The application form should be filled in by the Candidate.
- 2. All information asked for should be provided. Incomplete forms will be rejected.
- 3. Duly filled-in application should be posted to : The Head, RUHSA Department, RUHSA Campus P.O. , Vellore District 632 209, Tamil Nadu
- 4. Application fee of Rs.500/- may be sent by DD payable to 'CMC Vellore Association' and sent to the above address along with the application form

A. (Please fill all the information in Capital letters only)

Title	Mr	. 1	Mrs	. 1	Dr.		Others Please specify																			
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D. Declaration by the Applicant

I hereby declare that the above information provided by me is correct. I understand that if the information is found to be incorrect or false, I will be automatically debarred from the selection/admission process without any correspondence in this regard. I accept the process of admission undertaken by the institute and I will abide by the decision taken by the institute authorities. I will, on admission, adhere to the rules and discipline of Christian Medical College Vellore. I hold myself responsible for the dues and payment of fees.

Signature
Date:

List of documents (photocopies) to be attached with the application for admission:

- 1. Sponsorship letter from the organization
- 2. Bio Data with work experience in Chronological order
- 3. Copy of Graduation degree Certificate
- 4. DD for Rs. 500/-