



TEJASVINI HOSPITAL GROUP OF INSTITUTIONS

(A Unit of Amar Shanth Charitable Trust)

Tejasvini Hospital & SSIOT, Kadri Road, Mangaluru - 575 002.

College Add : Opp Anantha Padmanabha Temple Kudupu Post, Kudupu, Mangaluru - 575 028.

Tel.: 0824- 2880121, 2263640

Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore

Approved by the Government of Karnataka & Para Medical Board, Bangalore

Physiotherapy: B.P.T.:

Nursing: MSc Nursing: BSc Nursing: P.B. BSc: GNM:

Para Medical: MSc MIT: BSC M.I.T.: , BSC MLT: BSc Renal Dialysis: BSc OT:

Diploma in Para Medical: X-ray , LAB: Renal Dialysis: OT & Anaesthesia

1. Name of the Candidate :

(IN BLOCK LETTERS)

2. Father's/ Guardian's / Name :

3. Father's/ Guardian's Occupation :

4. a) Gender b). Age

5. Permanent Address :

6. Communication Address :

7. Mobile # : b).

a) Parents. b) Students

8. a) Land #. b) Aadhar #. : b).

9. a) Date of Birth : b) Place of Birth :

8. a) Religion : b) Caste :

9. a) Nationality : b) Domicile Status:

10. Year Passing S.S.L.C/ P.U.C./ Equivalent:

11. a) Marks obtained in SSLC/ PUC (%) :

b) Marks Obtained in PUC/ Equivalent

12. a) Marks Obtained in BSC Final Year(%):

b)Marks Obtained in GNM Final Year(%):

13. Student Email Id:

14. Parent's Email Id:

Subject	Max.	Obtained
Physics		
Chemistry		
Maths		
Biology		

Signature of Applicant

INSTRUCTIONS:

1. Fill in the application in your own hand writing in English legibly, completely & correctly.
2. Please enclosed Three set of Xerox copies of S.S.L.C.,/ P.D.C/ P.U.C. Domicile Certificate, Caste Certificate, Transfer Certificate, Migration Certificate, Four copies of recent passport size Photographs(Produce Originals at the time of admission/ interview).
3. Registration fee by Demand Draft (Rs.400/-) in favor of Amar Shanth Charitable Trust, Mangalore should be enclosed along with the filled application form.

DECLARATION BY THE APPLICATION

Dear Sir,

I have gone through the College Prospectus, I do hereby promise to abide by all rules and regulations now in force and those to be made from time to time. I also undertake that as long as I am a student of this College I will do nothing unworthy of a student of the College either inside or outside the premises. I hereby undertake not to indulge in antisocial activities which will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehaviour and continuous failure. I hereby undertake that I shall pay all the fees and other dues to the institution promptly on demand. I know that the fee paid by me is not refundable, transferable or adjustable to other parts of subjects. I request you to admit me as one of the students of Tejasvini Hospital Group of Institutions. I hereby understand my Admission is subject to approval by Rajiv Gandhi University of Health Sciences, Bangalore/ Government of Karnataka/ Para Medical Board, Bangalore.

.....
Signature of Applicant

DECLARATION BY THE PARENT/ GUARDIAN

(to be signed by the guardian only if both parents of the applicant are not alive)

I hereby affirm that the information provided and enclosures submitted with this application of my son/ daughter/ ward..... for admission to the Course is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and he/ she will forego the allotted seat. I am aware that in all matters regarding his/ her admission to the course, the decision of the College is final and binding, I am also aware that the College will not refund the fee either in full or in part, under any circumstances. If my ward decides to discontinue the course at any time after joining I hereby undertake to pay the college fees and dues for the remaining duration of the course.

If my son/ daughter/ ward is proven to be responsible for any damage to movable and immovable property. I hereby state that I shall bear the expenses for the same.

.....
Signature of Parent/ Guardian

FOR OFFICE USE ONLY

Provisionally admitted to Course for the

Academic year 20.....20.....

Admission No :

Receipt No. :

Date of Admission :

Receipt Date :

.....
Authorised Signatory
Tejasvini Hospital Group of Institutions

.....
Secretary/ Trustee
Tejasvini Hospital Group of Institutions