



Merit Rank :

MOTHER THERESA POST GRADUATE & RESEARCH INSTITUTE OF HEALTH SCIENCES (MTPG & RIHS)

(Government of Puducherry Institution)
Indira Nagar, Gorimedu, Puducherry-605 006

Phone: 0413-2271200, 2275566, 2273008
Fax : 0413-2277594

Website: <http://mtihs.puducherry.gov.in>
Email: deanmtihs@dataone.in

APPLICATION FOR ADMISSION TO THE DIPLOMA COURSES (AFTER DEGREE) - DCEC/ DDT/ DCM FOR 2017-18

(FOR OFFICE USE ONLY)

Registration No. :

Merit Marks : **Merit Rank** :

Overall percentage of marks obtained in qualifying exam : **MTIET (Dip)-17 : marks** :

Category of the Applicant :

Category under which selected & Course allotted : &

Date:

DEAN

Note: Read carefully the Information Brochure before filling up the application form.

1. Name of the Candidate :

2. Name of Parent /Guardian :

3. (a) Date of Birth : - -

(b) Nationality :

4. Gender (Please tick [✓]) :

5. Address for communication :

Pin Code

Affix recent passport size photograph & self-attest

6. (a) Contact Telephone No. with code : -

(b) Mobile Number : -

(c) E-Mail ID : @

7. Please tick [✓] the category under which seeking admission [Enclose recent Nativity/ Residence & Community Certificate] :

GEN	OBC	BCM	MBC	EBC	BT	SC	ST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Domicile Status / Residence of (Please tick [✓]) : **Puducherry UT** / **Other States / UT**

9. Region against which the candidate claims reservation (Please tick [✓]) :

Puducherry	Karaikal	Mahe	Yanam
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Details of Qualifying Examination – (Under Graduate)

Course	Name of the College	University	Year of Passing	Semester/ Year wise marks secured		Max. Marks
				I		
				II		
				III		
				IV		
				V		
				VI		
				VII		
				VIII		
TOTAL						

11. Details of Demand Draft towards application fee (in favour of "The Dean, MTPG & RIHS")

(a) DD No. : **Dt.**

(b) Amount : ₹.

(c) Name of the Bank :

12. Any other relevant information : _____

DECLARATION BY THE APPLICANT

I hereby solemnly affirm that the statements made and information furnished in the application and all the enclosures submitted by me are true and no relevant fact is suppressed by me. I have read and understood the Information Brochure carefully. I shall abide by the rules and regulations of the Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry.

Place:
Date:

Signature of Applicant

CHECK LIST

Attach the self-attested copies of following certificates / documents with the application.

(Tick [✓] the relevant boxes)

To be filled by

	Applicant	(For Office use)	
		Scrutinizing Officer	Verifying Officer
1. Birth Certificate or any Certificate for proof of Date of Birth	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Puducherry UT Residence / Nativity Certificate – Recently issued / Revalidated for 2017	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Caste / Community Certificate - Recently issued/ Re-validated for 2017	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. S.S.L.C. / Matriculation Mark Sheet	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Higher Secondary (+2) Mark Sheet	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Degree Certificate	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Statements of marks of qualifying examinations (All Semesters/years) (_____ Nos.)	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Nursing Council Registration Certificate	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Regional Claim certificate in the prescribed format	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Medical Fitness Certificate issued by the Competent Authority	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Crossed Demand Draft for ₹.800/- (₹.600/- for SC/ST) towards Application Fee	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Any other relevant certificates _____	: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of the	Applicant	Scrutinizing Officer	Verifying Officer

(FOR OFFICE USE ONLY)

Sl. No.	Remarks of Scrutinizing Officer	Remarks of Verifying Officer during counselling
1.		
2.		
3.		
4.		

Received back all the original certificates on _____.

Signature of the applicant:



**MOTHER THERESA POST GRADUATE &
RESEARCH INSTITUTE OF HEALTH SCIENCES (MTPG & RIHS)**

(Government of Puducherry Institution)
Indira Nagar, Gorimedu, Puducherry-605 006

Phone: 0413-2271200, 2275566, 2273008
Fax : 0413-2277594

Website: <http://mtihs.puducherry.gov.in>
Email: deanmtihs@dataone.in

HALL TICKET – MTIET (Dip)–17

ENTRANCE TEST

**For Admission to Diploma Courses (After Degree)
(DCEC / DDT/ DCM)**

Affix
recent
passport size
photograph &
self attest

Registration No.	
Name of the Candidate	
Name of the Centre	Mother Theresa Post Graduate & Research Institute of Health Sciences, Indira Nagar, Gorimedu, Puducherry-605 006.
Date & Time of Examination	20-08-2017 (Sunday) at 11:00 a.m. (Duration: 100 minutes)
Signature of the Candidate	

Note: If the Candidate does not fulfill the eligibility criteria and does not produce the requisite certificates at the time of counselling, he/she shall forfeit the right of selection without any further correspondence though he/she might have appeared for the Entrance Examination.

(Dr. R. MURALI)
DEAN