

**SREE CHITRA TIRUNAL INSTITUTE  
FOR MEDICAL SCIENCES AND TECHNOLOGY  
THIRUVANANTHAPURAM**

**APPLICATION FOR ADMISSION**

**MPH course at  
ICMR School of Public Health  
National Institute of Epidemiology, Chennai 600 077  
Academic Session – July 2012**

<b>Original (through proper channel)</b>		<b>Advance Copy</b>	
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No.  
  
To  
The Course Coordinator  
NIE (ICMR)  
Chennai 600 077

<b>(Only for office use)</b>	
Roll No.	
Academic Performance	
Distinction:	+
Failures:	
TOTAL:	

Sir,

I am applying for registration  
as a student for the course

1. I agree to undergo the course on a full time basis and shall not engage myself in private practice during the period of the course.
2. I agree that during my stay at the Institute, I shall not draw any Fellowship from any other source if I am paid Scholarship / Fellowship by the SCTIMST / NIE.
3. Attested copies of all relevant documents are enclosed.

**Affix recent  
passport size  
Photograph  
here**

**DECLARATION BY THE APPLICANT**

I hereby declare that the information given is true and correct and no information has been suppressed to the best of my knowledge and belief. In case any information given by me in this application is proved to be false or incorrect at any stage, I shall be responsible for the consequences, which may include among other things, cancellation of my admission, be in at any stage. I further declare that I shall maintain good conduct, pay the requisite fee and other charges by the due dates, attend my classes and duties regularly, and abide by the rules and regulations of the Institute/s without fail.

Place.....

Signature.....

Date.....

Name.....

**(To be filled in by the applicant in BLOCK letters)  
(No column should be left blank)**

01	(a) Name in full	(As given in Matric / Higher Secondary Certificate)			
	(b) Short Name, if any				
02	(a) Father's Name				
	(b) Mother's Name				
03	(a) Date of birth (dd\mm\yyyy)				
	(b) Age (as on 1.7.2012)				
04	Sex				
05	Marital Status				
06	Nationality				
07	State / Union Territory to which you belong				
08	Do you belong to SC/ST/OBC/PH? (If yes, tick appropriate box and enclose copy of Certificate)	YES / NO	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC
		Enclosed / Not enclosed	<input type="checkbox"/> PH		
09	(a) Are you employed? If yes, give the following	YES / NO			
	(b) Designation				
	(c) Type of Organization / Department (Pl. tick mark)	Govt. / Govt. Undertaking / Govt. Project* / Private (*eg., State AIDS Control Society)			
	(d) Name and address of the office where employed with pin code, phone & fax number and email ID, if available				
	(e) Name and address of the immediate Supervisor with pin code, phone & fax number and email ID, if available				
	(f) Name and address of the office of the Directorate (if applicable) with pin code, phone & fax number and email ID, if available				
	(g) Name and address of the office of the Secretariat (if applicable) with pin code, phone & fax number and email ID, if available				

10	(a) Have you served in the Armed Forces? If yes, give the following	YES / NO
	(b) Position held	
	(c) Number of years of service	
11	(a) Are you being officially sponsored or deputed for this course by your employer?	YES / NO
	(b) If yes, enclose original letter of sponsorship <b>(If not enclosed, state the reason)</b>	Enclosed / Not enclosed
12	What is your present occupation and nature of duties?	<u>Designation</u>  <u>Nature of duties</u> *
13	Permanent residential address with pin code	
14	Address for correspondence with State and pin code *	
15	(a) Mobile phone number *	
	(b) Office phone number	
	(c) Residential phone number *	
16	Email ID *	
17	Fax number	

\* Mandatory

### 18. Academic Qualifications

Examination Passed (Specify)	Name of the Institution / University	Duration of the Course	Month and Year of		Percentage of marks obtained	No. of failures, if any
			Admission	Passing		
(Graduate)						
(Post graduate)						
Any other						

**19. EMPLOYMENT RECORD TO-DATE** (Attach separate sheets and documents, if necessary)

Sl. No.	Name and address of the Institution	Position held	Nature of duties	Period	
				From	To

20	Details of registration with Medical Council of India	Number
		Date
		State / UT
21	Details of scientific publications including Thesis (Attach separate sheet/s, if necessary)	
22	Any other information relevant to the research work, which you may like to give in support of your application	
23	Details of the Demand Draft for Rs.600/= (Rupees Six hundred only) drawn in favour of "SCTIMST" payable at Thiruvananthapuram, towards Application Fee	Demand Draft No.
		Date
		Drawn on Bank
		Branch

24. Check list for enclosures:

- (a) Copy of the document for age proof
- (b) Copy of the Certificate for SC/ST/OBC/PH candidates
- (c) Copy of the certificates of academic qualifications
- (d) Copy of attempt Certificates for examinations passed
- (e) Copy of Medical Registration Certificate
- (f) Sponsorship Certificate, if available/applicable (refer specimen on Page: AF-7)
- (g) Demand Draft for Rs.600/= towards Application Fee (Applications without Application Fee will not be considered)

**SPONSORSHIP CERTIFICATE**  
**(Applicable for the candidates who are sponsored/deputed)**

1. Certified that Dr. \_\_\_\_\_ son/daughter of Shri. \_\_\_\_\_, born on \_\_\_\_\_, is a permanent/regular employee of the Government Department/Medical College since \_\_\_\_\_ (Date).
2. Certified that the candidate, if selected, will be sponsored for the entire duration of **two years for MPH**.
3. Certified that if the applicant is selected for the course, he/she will be suitably employed by us after completion of the course at NIE (ICMR).
4. Certified that no financial implication in the form of salary, emoluments, etc., will devolve upon NIE / ICMR, during the entire period of the course. Such payment for the candidate will be the responsibility of sponsoring/deputing authority.
5. Certified that the Institution/Department sponsoring/deputing the candidate belong to one of the following categories (please tick the appropriate category).
  - a. Central Government
  - b. State Government
  - c. Autonomous Body of Central Government
  - d. Autonomous Body of State Government
  - e. Public Sector Undertaking
  - f. Medical College/Hospital affiliated to a University and recognized by MCI
  - g. Others (specify)

Date :

Signature of the sponsoring/deputing  
authority with seal

Station :

N.B.

1. Deputation/Sponsorship of candidates holding tenure appointment, adhoc or contract or honorary or appointment against a leave vacancy shall not be accepted.
2. The candidate must paste his/her recent photograph on the first page of the application.