

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

**APPLICATION FOR ADMISSION
MAE / MPH course at
National Institute of Epidemiology, Chennai 600 077
Academic Session – July 2010**

No.

To
The Director
NIE (ICMR)
Chennai 600 077

Sir,

I am applying for registration
as a student for the course

(Please write clearly the name of the Course for which you are applying. Only ONE Course name should be written. **Those who want to apply for more than one Course should submit separate application forms.**)

1. I agree to undergo the course on a whole 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 Pay / Allowance / Fellowship from any other source if I am paid Scholarship / Fellowship by the SCTIMST / NIE.
3. Attested copies of all relevant documents are enclosed.

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

**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				
	(b) Short Name, if any	(As given in Matric / Higher Secondary Certificate)			
02	(a) Father's Name				
	(b) Mother's Name				
03	(a) Date of birth (dd\mm\yyyy)				
	(b) Age (as on 1.7.2010)				
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) Name and address of the office where employed with pin code, phone number and email ID, if available				
	(d) Name and address of the immediate Supervisor with pin code, phone number and email ID, if available				
	(e) Name and address of the office of the Directorate (if applicable) with pin code, phone number and email ID, if available				
	(f) Name and address of the office of the Secretariat (if applicable) with pin code, phone 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 (If not enclosed, state the reason)	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	Name of the Institution / University	Duration of the Course	Month and Year of		Percentage of marks obtained	No. of failures, if any
			Admission	Passing		
Under 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 to prove age
- (b) Copy of the Certificate for SC/ST/OBC/PH candidates
- (c) Copy of the certificates to prove academic qualifications
- (d) Copy of attempt Certificates for examinations passed
- (e) Copy of Medical Registration Certificate
- (f) Statement of purpose (One page write up)
- (g) Sponsorship Certificate, if available/applicable (refer specimen on Page: AF-7)
- (h) Demand Draft for Rs.600/= towards Application Fee (Applications without Application Fee will not be considered)

SPONSORSHIP CERTIFICATE
(Applicable only in case of candidates who are sponsored/deputed)

1. Certified that Dr. _____ son of
Shri. _____, born
on _____, is a permanent/regular employee of the Government Department/Medical
College since _____ (Date) and has three years of regular/permanent service.
2. Certified that the candidate is being sponsored for the entire duration of two years for the course.
3. Certified that if the applicant is selected for the course (MAE/MPH) he/she will be suitably employed
by us after getting relieved from 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 applicant's course. Such payment 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 indicate the course of his/her choice in the application, clearly.
3. The candidate must paste his/her recent photograph on the first page of the application.
4. In case of candidates sponsored/deputed by Medical College affiliated to a University and recognized
by the Medical Council of India, the sponsorship/deputation certificate signed by the Principal of the
Medical College concerned only shall be accepted.