

K.K. INSTITUTE OF HEALTH SCIENCES

1/161, Sankaralinganar Road, Gerugambakkam, Chennai – 600128.

(Affiliated to The TN Dr.MGR Medical University)

(Approved by AICTE & PCI, New Delhi)

Website: <u>www.kkcp.ac.in</u> Phone: 044-23821272 / 9841259415

Health Inspector Course Application

Application No						D	ate _			 -			
1. Name of the Applicant (in Block letters)													
Gender Male / Fe	male												
2. Father Name													
3. Mother Name													
4. Student Contact No		Mail Id:											
5. Parent / Guardian Contact No									_				
6. Blood Group			+	Ve/-	Ve								
7. Date of birth			/	/									
8. Nationality													
9. Religion													
10. Community													
(Attach Photocopies of the certificates)													
11. Occupation of the Parent	-												
12. Annual Income	-												
13. Communication Address													
		11			[I		ı					
14. Permanent Address													
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15. Name of the Institute/ Board last stu	ıdied												

Details of Qualified Exams (Attach Photocopies of mark sheets)

Name of the Institution/ Board/University	Register Number	Subjects	Marks obtained				
Class to which seeking admissio	n I. Health I	Inspector Course					
The particulars furnished by the Responsible for the conduct of decision of principal in all matter	my ward during the pe	•	•				
Signature of the applicant :	_	are of the parent/ Guar	dian :				
Documents to l	pe submitted (3 set of pho	to copies to be attach	ned)				
SSLC Mark sheets	HSC Mark sheets	Transf	Transfer certificate				
Community certificate	Proof of date of birth	Eligibi	ility certificate				
Migration certificate	Passport copy	Passpo	Passport size photos				
	FOR OFFICE USE	CONLY					
Admitted to	E.C	No					
Dated	PCI	Reg. No					
Remarks	Mig	g. Cert. No					
Receipt no	Fee	s					

Administrative In-charge

Principal