



MAHATHMA GANDHI COLLEGE OF HEALTH SCIENCES

(Approved by DME, Govt.of Kerala)

Application no :

Affix photo
(passport size)

RAJIV GANDHI CO-OPERATIVE HOSPITAL COMPLEX
Kallekkad(PO),koduthirapully,palakkad-678004
Email:mahathmagandhi.edu@gmail.com

Ph: 0491 2509000

APPLICATION FOR ADMISSION TO THE DIPLOMA COURSES FOR THE YEAR 2016-2018

Admission is sought for:**DMLT** **DRT** **DOTAT** **DDT** **DNT**

(Use only capital letters)

1. Name& Permanent address:.....

.....

..... Pin code.....

2. Communication address :

.....

..... Pin code

3.Email Address :.....4.Mobile No:.....

5.Age&Date of birth : 6.Sex:

7.Caste&Religion :

8.Name of Guardian/Parent :.....9.Occupation:.....

10.Annual income :

11.Mobile number of guardian :

12.Nationality :

13.Are you Physically Handicapped? : Yes NO

14.Details of Qualifying Examination

Reg No	Year of Passing	Number of appearance	School/College	Board/university

15.Subject Wise Marks Of 10+2/Equivalent Examination

Subject	Marks obtained	Maximum Marks	Class/grade
PHYSICS			
CHEMISTRY			
BIOLOGY			
ENGLISH			
TOTAL			