



# CHOITHRAM COLLEGE OF PARAMEDICAL SCIENCES

Choithram Hospital Campus, Manikbagh Road, Indore -452014, Madhya Pradesh, India.

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## Application form

Tick the course of Study you wish to pursue

1. M.P.Th  2. B.P.Th  3. D.M.L.T  4. Dialysis Technician  5. OT Technician

S. No.	Particulars	
01	Name of the candidate in full (block letters) To be entered as found in the certificate of the qualifying examination	
02	Father's Name	
03	Name of the guardian and relationship	
04	Permanent address of father or guardian With Phone number	
05	Present address of the candidate with phone number	
06	Religion	
07	Caste and Sub Caste	
08	Whether you belong to Scheduled Caste / Scheduled Tribe / Backward Class (State it if you belong to anyone of these categories)	
09	Occupation of Father / Guardian	
10	Annual income of Father / Guardian	
11	Date of Birth (in Christian era)	
12	State of domicile	
13	Mother Tongue	
14	Languages which you can read, write & speak	
15	Nationality	

### 16. Academic Particulars

Exam Passed	Year of Passing	Name of School/ College	Name of Board/University	Marks Obtained/ Max. Marks	Percentage (%)	Grade/ Division/ Class
10 <sup>th</sup> Class						
12 <sup>th</sup> Class						
Graduation/ Diploma						
1.						
2.						
3.						

### 17. Marks obtained in qualifying examination (Graduate/ Diploma course)

Subject	Marks Obtained	Maximum Marks	Percentage		
			Aggregate	PCB	PCBE
Physics					
Chemistry					
Biology					
English					

### 18. Details of attested enclosures photo copy to be attached to the application. Bring original documents at the time of interview (Tick the ones attached)

- a) Degree or Diploma Certificate  b) S.S.L.C. (10<sup>th</sup> Std) mark sheet  c) H.Sc (12<sup>th</sup> Std) Mark Sheet   
d) Medical fitness certificate  e) Domicile certificate  f) Three passport size photos   
g) Migration Certificate (If other state or CBSE)   
h) Caste certificate and Income tax certificate (for SC/ST/OBC candidates)

### DECLARATION BY THE CANDIDATE

- I hereby under take that I have filled this form myself and the particulars give above are true to the best of my belief and knowledge
- I hereby under take to abide by all the conditions, rules and regulations in force at present and also those which may here after be introduced for the administration of the College & Hostel.
- I also 'undertake that so long as I am student of this College, I will do nothing unworthy of student of the college, either inside or outside of anything that will interfere with its orderly working and discipline.
- I am aware that the management has the full authority to expel me for disinterest in studies, misbehavior and continuous failure.
- I hereby undertake that I shall pay all the fees and other dues to the institution promptly on scheduled time and College and Hostel fees once deposited will not be refunded at any circumstance

Signature of the applicant

Signature of the parent/ guardian

Place

Place

Date

Date

### FOR OFFICE USE ONLY

### Admission no.

Eligible / Not eligible for admission

Admission Approved / Rejected

Admitted / Not Admitted

Counsellor/ Verifying Officer

Principal

Administrative Officer