



**INSTITUTE OF RADIOLOGY AND
PARAMEDICAL RESEARCH CENTRE**

(Affiliated to the Tamil Nadu DR.MGR Medical University)

APPLICATION FORM

Course Code: _____

Name of the course: _____

Demand draft (DD No.): _____

DD Date: _____

Name and Place of Bank: _____

Roll No. (Office use only): _____

Affix one
recent
passport size
photograph

Name of the applicant : _____

Age: _____ , Sex: _____ , D.O.B _____

Nationality: _____ , Community: (OC), (BC), (MBC), (SC), (ST)

Name of the Father / Husband: _____

Address for correspondance

District: _____ , State: _____ , Pin

Telephone No with STD _____ Mobile No: _____

Permanent address

District: _____, State: _____, Pin

Telephone No with STD _____ Mobile No: _____

Qualification of the candidate in detail

<u>Qualification</u>	<u>School/college</u>	<u>Board</u> <u>/university</u>	<u>Year of passing</u>	<u>% of marks</u>
<u>10th standard</u>				
<u>12th standard</u>				
<u>Degree</u>				

Declaration

I hereby declare, that the particulars given herein are true , correct and complete to the best of my knowledge and belief, the documens submitted along with this applicaion are genuine. I agree and understand in case of distortion of any fact like educational qualification, etc made in my application form is liable for cancellation

Place:

Date :

Signature

Enclosure

1. Mark list/ education qualification with attestation
2. Proff of age
3. Two passport size
4. Demand draft to be drawn in favour of Liberty Institute of Radiology and Paramedical Research Centre