

14. Academic Qualification :

Sl.No.	Class	Name & Place of the Institution	University	Month & Year of Passing	% of marks / class obtained
1.					
2.					
3.					
4.					

15. Name of the Subjects in detail :

S. No	Subject	Marks Awarded	Maximum Marks	S. No	Subject	Marks Awarded	Maximum Marks
1.				11.			
2.				12.			
3.				13.			
4.				14.			
5.				15.			
6.				16.			
7.				17.			
8.				18.			
9.				19.			
10.				20.			
Total Marks Scored				Total Marks Scored			
Percentage of Marks				Percentage of Marks			

16. Medium of Instruction : Tamil English Others specify:

17. Extra Curricular Activities :

18. Payment Details : Demand Draft for **Rs.300/-** drawn in favour of **M.V.Hospital for Diabetes (P) Ltd.** Payable at Chennai. DD No.....Date.....
Bank & Branch.....

DECLARATION BY THE APPLICANT

I hereby declare that I have understood the eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and have provided necessary information in this regard to the best of my knowledge.

Signature of the Applicant

Signature of the Parents or Guardian

Place:

Date :

Enclosures:

Attested copies of a) Statement of Marks in the qualifying examination b) Community Certificate c) Certificate in sports / NSS / NCC d) Transfer and conduct certificates e) Address & ID Proof f) Photograph 3 nos.

The filled in application form shall be sent to the Managing Director, M.V.Hospital for Diabetes & Prof.M.Viswanathan Diabetes Research Centre, Royapuram, Chennai – 600013 with a superscript on the cover indicating the name of the course.
