

14. Academic Qualification :

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

15. Medium of Instruction : Tamil English Others specify:

16. Extra Curricular Activities :

17. Payment Details : Demand Draft for Rs.200/- 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.
