



**M.V.Hospital for Diabetes (P) Ltd &  
 Prof.M.Viswanathan Diabetes Research Centre**  
 (WHO Collaborating Centre for Research, Education & Training in Diabetes)  
 No.4, West Mada Church Street, Royapuram, Chennai – 600013, Tamilnadu  
 Phone: 044-25954913-15, 65612288, 65514817 • Fax: 044-25954919  
 Email: drvijay@mvdiaabetes.com • Website: www.mvdiabetes.com



**Post Graduate Diploma in Diabetes Education**  
 (Allied Health Science Courses affiliated to  
 The Tamilnadu Dr.MGR Medical University)

**For Office Use**  
 Enrolment No:  
 Date of receipt:  
 Remarks:

**APPLICATION FORM (2011-2012)**

1. Name of the Applicant : .....  
 (In capital letters as entered in the certificates)

2. Date of Birth & Age : .....

3. Sex : Male  Female

4. Place of Birth : .....

5. Mother Tongue : .....

6. Religion : .....

7. Community (OC/BC/MBC/SC/ST) : .....

8. Nationality : .....

9. a) Name of the Parent/Guardian : .....

b) Occupation of the Parent/ Guardian : .....

10. Permanent Address : .....  
 (in capital letters)  
 .....  
 .....  
 .....Pincode.....

11. Address for Communication : .....  
 (in Capital Letters)  
 .....  
 .....  
 .....Pincode.....

12. Telephone : Landline.....Mobile.....

13. Email Id : .....



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.

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**Signature of the Applicant**

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**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.**

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