THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY
No. 69, ANNA SALAI, GUINDY, CHENNAI –600 032.

Online Certificate course on Digital Health (6 weeks duration)

APPLICATION FORM

Paste a self-attested recent Passport size Photograph

Do not Staple

1. Name of the candidate **(in Block Letters &Initials at the end)**:

2. Date of Birth and Age :
(Proof to be enclosed)

3. Address for Communication (with phone/mobile No./Email ID)

4. Permanent Address :

5. Sex :

6. Nationality and Religion :

7. Name of Father / Guardian / Husband :

8. Registration No. and Date :

9. Academic Qualifications : **Proofs to be attached**

S. No.	Examination	Register No.	Institution	University /year of passing	Present Working Station
1	U.G.				
2	P.G. (Broad Specialty)				

10. Mode of Payment :

Details

DECLARATION BY THE APPLICANT

I _____ (Name in full and in Block letters) son/Daughter/Ward/Wife of hereby solemnly declare that all the information furnished and the statements given in the above application and the enclosures are true, correct and complete to the best of my knowledge and belief.

I further declare that if it is found otherwise, I am liable to forfeit the seat and/or be removed from the rolls of the institution at whatever stage of study I may be, besides making be liable for criminal prosecution.

I also declare that I had read all the instruction in the application/prospectus carefully and I will abide by the regulations/instructions of the University.

Place:

Date: **Signature of the Applicant**

Enclosures :