Regn. No.: .....................
(To be filled by Office)

SRI RAMACHANDRA UNIVERSITY
(Declared under Section 3 of the UGC Act, 1956)
Accredited by NAAC with ‘A’ Grade
Porur, Chennai - 600 116

Affix your latest passport size photograph here.

APPLICATION FORM FOR ADMISSION TO
B.Sc. (Hons) Sports and Exercise Sciences / B.P.T. / B.Sc. (Hons) Biomedical Sciences/
B.Optom. (Clinical Optometry)/ B.Sc. (Hons) Allied Health Sciences (A.H.S)/
B.Sc. (Trauma Care Management)/ B.Sc. (Hons) Clinical Nutrition/
B.B.A (Hons) Hospital and Health Systems Management and
M.Sc. Medical Radiology and Imaging Technology (5-year Integrated)
Degree Courses - 2016
NAME OF THE CANDIDATE: 
(IN BLOCK LETTERS)

In case of submission of downloaded application from website, should enclose a D.D. for Rs.500/- drawn in favour of “Sri Ramachandra University” payable at Chennai. (Enclose Demand Draft)

<table>
<thead>
<tr>
<th>DD No.</th>
<th>Date</th>
<th>Bank Name</th>
<th>Branch</th>
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<tbody>
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</table>

IMPORTANT NOTE:
Candidates should complete the check list and submit it with application.

**CHECK LIST**

<table>
<thead>
<tr>
<th>Application form duly filled in (only self attested photo copies to be submitted)</th>
<th>Enclosed Put a tick (√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photocopy of the H.S.C. (+2) equivalent examination Hall Ticket, if appeared for H.S.C. or equivalent Examination in March/April 2016</td>
<td>☐</td>
</tr>
<tr>
<td>Mark statement(s) issued by (State Board/CBSE/ISC or any other equivalent authority) if already passed +2 Examination</td>
<td>☐</td>
</tr>
<tr>
<td>Birth Certificate for proof of age (if date of birth is not given in the H.S.C. Mark Statement or Transfer Certificate)</td>
<td>☐</td>
</tr>
<tr>
<td>Transfer Certificate/Migration Certificate</td>
<td>☐</td>
</tr>
<tr>
<td>Conduct Certificate issued by the Head of the Institution last studied</td>
<td>☐</td>
</tr>
<tr>
<td>Community Certificate to be enclosed in case of SC/ST or BC/OBC candidates</td>
<td>☐</td>
</tr>
<tr>
<td>Call letter for interview duly filled in with photograph affixed and signed – Original</td>
<td>☐</td>
</tr>
<tr>
<td>Call letter for interview duly filled in with photograph affixed and signed – Duplicate</td>
<td>☐</td>
</tr>
<tr>
<td>In case of downloaded form D.D. for Rs.500/- drawn in favour of “Sri Ramachandra University” payable at Chennai towards application fee.</td>
<td>☐</td>
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</tbody>
</table>
# SRI RAMACHANDRA UNIVERSITY

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PORUR, CHENNAI - 600 116

## APPLICATION FORM FOR ADMISSION TO

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B.B.A (Hons) Hospital and Health Systems Management and
M.Sc. Medical Radiology and Imaging Technology (5-year Integrated) Degree Courses - 2016

(Note: Please fill in each column in your own handwriting and put a tick mark (✓) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

<table>
<thead>
<tr>
<th>1. a) Name of the Candidate (AS PER CERTIFICATE IN BLOCK LETTERS)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>b) Expand the initials</td>
<td></td>
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<tr>
<td>c) Complete address (with District, State &amp; PIN CODE) to which communication is to be sent</td>
<td></td>
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<tr>
<td>d) Phone No. with STD Code</td>
<td>Residence: Mobile:</td>
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<tr>
<td>e) E-mail</td>
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<tr>
<td>2. a) Father’s Name</td>
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<td>b) Mother’s Name</td>
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<tr>
<td>3. Sex</td>
<td>Male ☐ Female ☐</td>
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<td>4. a) Date of birth and age</td>
<td>Age:</td>
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<tr>
<td>b) Place of birth, District and State</td>
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<td>5. Nationality and Religion</td>
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<tr>
<td>6. Community (self attested Photocopy to be enclosed)</td>
<td>SC ST BC/OBC OTHERS</td>
</tr>
<tr>
<td>7. a) Whether appearing for the H.S.C (+2) Examination in March/April 2016</td>
<td>YES ☐ NO ☐</td>
</tr>
<tr>
<td>b) If Yes, give details and enclose Photocopy of H.S.C (+2) Hall Ticket</td>
<td>Registration No.: Name of the Board:</td>
</tr>
</tbody>
</table>
8. a) Details of examination Passed/ appeared in Mar/Apr-2016

<table>
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<tr>
<th>SUBJECT</th>
<th>PUT (✓) MARK</th>
<th>MARKS OBTAINED</th>
<th>MAXIMUM MARKS</th>
<th>MINIMUM MARKS FOR PASS</th>
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<tbody>
<tr>
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<td>MATHEMATICS</td>
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<tr>
<td>TOTAL</td>
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9. If already passed H.S.C (+2)
   b) Registration No. Month and Year of passing the qualifying examination

   Registration No.:
   Month & Year:

10. Name and address of the Recognized School where studying / qualified

11. Marks obtained in the qualifying examination (If already passed, enclose self attested Photocopy of Mark Statement(s)). Please tick (✓) against the subjects appeared for at the H.S.C. (+2) Examinations.

   DECLARATION BY THE CANDIDATE

   I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

   I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

   Place : Signature of the Candidate

   Date : Signature of the Parent/Guardian
SRI RAMACHANDRA UNIVERSITY
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CALL LETTER FOR INTERVIEW
B.Sc. (Hons) Sports and Exercise Sciences / B.P.T. / B.Sc. (Hons) Biomedical Sciences/
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M.Sc. Medical Radiology and Imaging Technology (5-year Integrated) Degree Courses – 2016

Name and mailing address of the Candidate:
(same as in Column 1(c) of application)

Name : Mr./Ms.________________________________________
Address : ____________________________________________
__________________________________________

State : _________________ PIN Code : ____________
Mobile : _________________ Phone : ____________________

Affix your latest Passport size photograph and put your signature on the photograph

(Signature of the Candidate)

(FOR OFFICE USE ONLY)

REGISTRATION No. : __________________________________
(WILL BE ASSIGNED BY OFFICE)

PLACE OF INTERVIEW : SRI RAMACHANDRA UNIVERSITY
PORUR, CHENNAI - 600 116

DATE : 13.06.2016 (MONDAY)
14.06.2016 (TUESDAY)

TIME : 10.00 a.m.

Signature of the Issuing Authority

Signature of the Candidate (To be signed at Interview Hall)

Important Note : Candidates are instructed to report at the Interview Hall at least half-an-hour before the scheduled time.
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Mobile : ___________________________ Phone : ________________

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(Signature of the Candidate)

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