

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



SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Deemed to be University), Porur, Chennai

Graded as a Category - I University by the UGC and Accredited by NAAC with 'A' Grade

Affix your latest
passport size
photograph here.

APPLICATION FORM FOR ADMISSION TO
Health Sciences Degree Programs – 2019 - 20

(Please put a tick (✓) in the appropriate box)

M.Sc. Biokinetics

M.Sc. Biomechanics (Sports & Human Movement)

CHECK LIST

- i. Name of the candidate :
(IN BLOCK LETTERS)
- ii. Program applied for :
- iii. Demand Draft Details :

Please enclose a D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai.	DD No. : Date : Bank Name : Branch :
---	---

IMPORTANT NOTE:

Candidates should check the list and submit it with application.

S.No.	Item of Document	Whether enclosed (Put a tick (√))
1	Application Form duly filled in (only self attested photo copies to be submitted)	
2	Photocopy of the Degree Examination Mark Statements (First year to Final year)	
3	Provisional Pass / Degree Certificate	
4	For final semester appearing students, letter from the college Principal last studied	
5	Attempt Certificate	
6	Transfer Certificate/Migration Certificate	
7	Internship Certificate (if applicable)	
8	Conduct Certificate issued by the Head of the Institution last studied	
9	Photocopy of Aadhaar Card	
10	Original call letter for Interview duly filled in with photograph affixed and signed	
11	Duplicate call letter for Interview duly filled in with photograph affixed and signed	
12	Registration Certificate issued by MCI/DCI/PCI/ INC / RCI (if applicable)	
13	Demand Draft for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai.	
Note:	Last date for submission of application	22.08.2019



SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Deemed to be University), Porur, Chennai

Graded as a Category - I University by the UGC and Accredited by NAAC with 'A' Grade

APPLICATION FORM FOR ADMISSION TO
Health Sciences Degree Programs – 2019-20

(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).

1.	a) Name of the Candidate (IN BLOCK LETTERS AS GIVEN IN HSC CERTIFICATE)	
	b) Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
	c) Expand the initials	
2.	a) Father's Name	
	b) Mother's Name	
3.	a) Complete address (with District, State & PIN CODE) to which communication is to be sent	
	b) Phone No. with STD Code	Residence : <input type="checkbox"/> Mobile :
	c) E-mail of Candidate	
	d) E-mail of Parent	
	e) Aadhaar No. of Candidate (Self Attested Photocopy to be enclosed)	

4.	a) Date of birth and age		Age:Yrs.
	b) Place of birth, District and State c) Community (Put a tick (✓))	OC <input type="checkbox"/> OBC <input type="checkbox"/> SC/ST <input type="checkbox"/>	
5.	Nationality and Religion		
6.	Qualifying examination passed (Photocopy of Degree Certificate and Statement of Marks of all Examinations to be enclosed)	Name of the Degree :..... Univ.Exam. Regn. No. :..... Month :..... Year :.....	
7.	a) Name and address of the College where qualified		
	b) Whether the College is recognised by the M.C.I./D.C.I./P.C.I./A.I.C.T.E./ I.N.C./R.C.I. (if applicable)	Recognised <input type="checkbox"/> Not Recognised <input type="checkbox"/>	
	c) Details of Registration with the Professional Council (if applicable)	Regn. No. & Date :..... Name of Council :..... State :.....	

8. Marks Secured inDegree Course:

	Subject(s)	Marks Secured	Maximum Marks	Month & Year of Passing	No.of attempts
I YEAR					
II YEAR					
III YEAR					
FINAL YEAR					
	GRAND TOTAL			Percentage of Marks	

9.	Name of the University which awarded the Degree (furnish PIN code and State)	
10.	Whether the candidate has passed all the examinations in the first attempt	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Whether appeared / appearing for final year Degree examination (Photocopy of the Hall Ticket or a certificate from the College Principal as specified in the Prospectus should be enclosed)	

DECLARATION BY THE CANDIDATE

I declare that the information furnished by me hereinabove 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 fully the Prospectus and understood the conditions prescribed therein clearly and I hereby undertake to abide by them strictly.

Place :

Date :

Signature of the Candidate



SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
 (Deemed to be University), Porur, Chennai

Graded as a Category - I University by the UGC and Accredited by NAAC with 'A' Grade

CALL LETTER FOR INTERVIEW
 Health Sciences Degree Programs – 2019-20

- M.Sc. Biokinetics
- M.Sc. Biomechanics (Sports & Human Movement)

to fillup Name and mailing address of the Candidate IN BLOCK LETTERS

(Same as in Column 3 (a) of application)

Name: Mr./Ms. _____

Address: _____

State: _____ PIN Code :

--	--	--	--	--	--	--	--

Mobile:-----

.....

(Signature of the Candidate)
(FOR OFFICE USE ONLY)

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

REGISTRATION No.
 (WILL BE ASSIGNED BY OFFICE)

:

--	--	--	--	--	--	--	--	--	--

PLACE OF INTERVIEW

: **SRI RAMACHANDRA INSTITUTE OF HIGHER
 EDUCATION & RESEARCH
 (DEEMED TO BE UNIVERSITY)
 PORUR, CHENNAI - 600 116**

DATE
TIME

: **Interview date will be intimated later.**
 : **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 atleast half-an-hour before the scheduled time.



SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
 (Deemed to be University), Porur, Chennai

Graded as a Category - I University by the UGC and Accredited by NAAC with 'A' Grade

CALL LETTER FOR INTERVIEW
 Health Sciences Degree Programs – 2019-20

- M.Sc. Biokinetics
- M.Sc. Biomechanics (Sports & Human Movement)

to fillup Name and mailing address of the Candidate IN BLOCK LETTERS

(Same as in Column 3 (a) of application)

Name: Mr./Ms. _____

Address: _____

State: _____ PIN Code :

--	--	--	--	--	--	--	--

Mobile:-----

.....

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)	:	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
PLACE OF INTERVIEW	:	SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION & RESEARCH (DEEMED TO BE UNIVERSITY) PORUR, CHENNAI - 600 116										
DATE	:	Interview date will be intimated later.										
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 atleast half-an-hour before the scheduled time.

