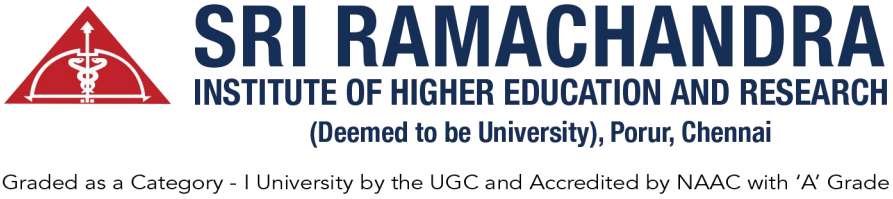
Regn. No. : .....
(To be filled by Office)



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

Affix your latest passport size photograph here.

POST GRADUATE APPLICATION FORM FOR ADMISSION TO

Health Science Degree Program – 2019 - 20

M.Sc. Applied & Regulatory Toxicology

CHECK LIST

i. Name of the candidate : .....
(IN BLOCK LETTERS)

ii. 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**	**05.08.2019**

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

POST GRADUATE APPLICATION FORM FOR ADMISSION TO

Health Science Degree Program – 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 ☐ FEMALE ☐
	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 : 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 ☐ OBC ☐ SC/ST ☐	
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 ☐ Not Recognised ☐	
	c) Details of Registration with the Professional Council (if applicable)	Regn. No. & Date : ..... Name of Council : ..... State : ……	

8. Marks Secured in .....Degree 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 ☐ No ☐
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

ORIGINAL

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

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CALL LETTER FOR INTERVIEW

Health Science Degree Program – 2019-20

M.Sc. Applied & Regulatory Toxicology

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) | | | | | | | | | |

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

DATE : **09.08.2019 (Friday)**

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.

DUPLICATE

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 Science Degree Program – 2019-20

M.Sc. Applied & Regulatory Toxicology

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

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(FOR OFFICE USE ONLY)

REGISTRATION No. : | | | | | | | | | |
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