Dr.JAYACHANDRA COMMUNITY COLLEGE

(RUN BY AUSTIN MEMORIAL CHARITABLE AND EDUCATIONAL TRUST)

**ANNAMMAL HOSPITAL CAMPUS**

**KUZHITHURAI-629163, K.K.DISTRICT.**

**PH:04651-260614 FAX: 04651-260605**

**APPLICATION FORM**

Read the instructions carefully and fill the form. Form must be filled in English only using capital letters. Choose the courses by putting (√) mark in the respective column.

**Diploma Courses**

* Diploma in Human Care Services (DHCS) – 1 year
* Diploma in Biochemical and Microbial Techniques (DBMT) – 1 year

**Name of the Student :**

**Gender :**

**Date of Birth and Age :**

**Religion :**

**Community :**

**Name of the Father/Guardian :**

**Address for Communication :**

**Educational qualification :**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** | **Month & year of passing** | **Register No.** | **School/College** | **Total marks** | **Percentage** |
| S. S. L. C |  |  |  |  |  |
| H. S.C |  |  |  |  |  |

I declare that the details given above are true and I will abide by the rules and regulation of the college.

**Date: Signature of**

**Father/ Guardian Signature of the Candidate**