

Application for M.Sc Anesthesia & Operation Theatre Technology

Year 2018-19

K S Hegde Medical Academy

(A constituent unit of NITTE Deemed-to-be University)

Affix recent passport size photo

Please complete all sections of the form. Read the guidance notes before completing the form																				
Status: General NRI Foreign National																				
A. PERSONAL DATA																				
Name: (A				(As	As per the class X certificate)															
																				<u>-</u>]
Gei	nder	(M/F/	/TG)			Da	Date of birth(dd/mm/yy)							Mother Tongue						
						_													_	
Nat	tiona	lity				Co	Country of Permanent Residence							State of Domicile						
						_													_	
Do you belong to SC/ST/OBC/Category1				Ar	Any other caste (specify)							Blood Group								
Father's name				00	Occupation						Annual income									
Mother's name				0	Occupation						Annual income									

B. CONTACT DETAILS: Current address for correspondence Permanent address District_____ District_____ State_____ Country_____ Country____ Telephone (with code) Telephone (with code) Father's Mobile Number Mother's Mobile Number Student's Mobile Number Local Guardian's Mobile Number Student's Email ID Father's / Mother's Email ID PAN Number: (To be filled compulsorily) (Father's) (Mother's) Aadhaar Card Number of the student: Place of residence - Urban / Rural : ______ **Hostel Required:** Yes No

C. ACADEMIC QUALIFICATION [B.Sc (A&OTT)]

Provide complete information on examination marks obtained in all columns.

Exam Passed	Name of the College	University	Register Number	Ма	Month & year of		
				Maximum	Obtained	passing	

Total Marks:

Aggregate %:

D. DECLARATION BY THE STUDENT

DI - - -

I have carefully read the details regarding the admission to the M.Sc A& OTT course. I declare that the information provided by me in this application is true and correct to the best of my knowledge. Should it be found that the information furnished is untrue in material particulars, I know that I am liable for criminal prosecution and will forego the allotted seat. In all matters regarding my admission to the course, the decision of the College is final and binding. I am also aware that the college will not refund the fees either in full or in part, under any circumstance. If I intend to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues as applicable for the remaining years of the course. I am aware that any dispute arising out of the admission to the course will be subject to the jurisdiction of the courts of the city of Mangalore or the Honourable High Court of Karnataka.

Place	
Date	
	Signature of the Applicant

E. DECLARATION BY THE PARENT / GUARDIAN

(to be signed by the quardian only if both parents of the applicant are not alive)

-		_	-					
I and	enclosures	submitted	thereto	in	this			affirm that the information provided of my son/ daughter / ward for admission to the M.Sc A&OTT
furni he/s the c refur the rema	shed is untromed is will forego course, the detection of the fee eit course at any aining duration	ue in materion the allotted ecision of the cher in full on time after on of the coubject to the	al particul seat. I are College is r in part, i joining, I irse. I am	ars, n aw s fina under herel awar	I know are to land rany oy ur re tha	ow that I hat in all no binding. In circumstandertake to at any disp	am natt am ince pa pute	buld it be found that the information in liable for criminal prosecution and tters regarding his / her admission to malso aware that the College will not se. If my ward decides to discontinue bay the college fees and dues for the ce arising out of the admission to the city of Mangalore or the Honourable
Place	e							
Date								Signature of the Parent/ Guardian (If guardian, mention relationship)

GUIDANCE NOTES

You should ensure that you have filled in all the required information.

Please ensure that you have submitted the following documents along with the form.

Attested photocopies of

- 12th std. marks card / pass certificate
- 10th std. pass certificate for proof of date of birth.
- Degree marks card for all years Original + 3 photocopies
- Registration fee of Rs 1000/- by DD favoring "Nitte University" payable at Mangalore.
- Aadhar Card copy of the student

The application form with all enclosures should be forwarded to:

The Dy. Director (Admin), 6th Floor, Medical Sciences Complex Deralakatte, Mangalore – 575 018 Karnataka State, INDIA

Tel: +91- 824- 2204310 / 2204342 / 2204304 Website:www.nitte.edu.in | Email:info@nitte.edu.in