



**Application for
Master of Public Health
Year 2018-19**

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photo



K S Hegde Medical Academy
(A constituent unit of NITTE Deemed-to-be University)

Please complete all sections of the form. Read the guidance notes before completing the form

Status : **General** **NRI** **Foreign National**

A. PERSONAL DATA

Name: (As per the class X certificate)

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Gender (M/F/TG)

Date of birth(dd/mm/yy)

Mother Tongue

Nationality

Country of Permanent Residence

State of Domicile

Do you belong to
SC/ST/OBC/Category1

Any other caste (specify)

Blood Group

Father's name

Occupation

Annual income

Mother's name

Occupation

Annual income

B. CONTACT DETAILS:

Current address for correspondence

Pin _____

District _____

State _____

Country _____

Telephone (with code)

Father's Mobile Number

Student's Mobile Number

Father's / Mother's Email ID

PAN Number: **(To be filled compulsorily)**

(Father's)

Permanent address

Pin _____

District _____

State _____

Country _____

Telephone (with code)

Mother's Mobile Number

Local Guardian's Mobile Number

Student's Email ID

(Mother's)

Aadhaar Card Number of the Student: _____

Place of residence - Urban / Rural : _____

Hostel Required: Yes No

C ACADEMIC QUALIFICATION

Provide complete information on examination marks obtained in all columns.

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

Total Marks:

Aggregate % :

D. DECLARATION BY THE STUDENT

I have carefully read the details regarding the admission to the Master of Public Health 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 guardian only if both parents of the applicant are not alive)

I _____ hereby affirm that the information provided and enclosures submitted thereto in this application of my son/ daughter / ward _____ for admission to the Master of Public Health course 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 he/she will forego the allotted seat. I am aware that in all matters regarding his / her admission to the course, the decision of the College is final and binding. I am also aware that the College will not refund the fee either in full or in part, under any circumstance. If my ward decides to discontinue the course at any time after joining, I hereby undertake to pay the college fees and dues for the remaining duration 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 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