

ENROLMENT FORM

1	Nature of Project <ul style="list-style-type: none">• Short Term (3 months)• Long Term (6 months)			
2	Name in full (in block letters)			
3	Institutional Address with telephone No.	Permanent Address with telephone No.		
4	E-mail Address			
5	Sex: Male / Female			
6	Nationality:-			
Educational Qualifications				
Examination Passed	Year of Passing	School / College / University	Class / Percentage obtained	Specialized Subjects
S.S.C				
H.S.C				
Graduation				
Post graduation				

Attach details of Publications / Research Papers if any:

I hereby declare that the particulars furnished in this form are true to the best of my knowledge and belief.

Date:

Place:

Signature of the candidate

Enclosures:

1. Requisition Letter by the Student
2. Recommendation Letter from HOD / Guide / Dean / Principal

UNDERTAKING FORM:

I.....do hereby undertake to meet the expenditure towards the supply and materials for my entire project work to be done in this institution by myself and also agree to pay or replacement of materials if any in respect of breakage or lose of materials / instruments of this institution during the period of project work.

Date:

Name:

Place:

Discipline:

Enrolment / Reg. No:

College Address:

Residential Address:

Signature of the Parent / Guardian

For Details contact: Bacteriologist, Government Hospital for Chest Disease, Gorimedu, Pondicherry. **E-mail:** stdcir1pd@gmail.com