Application No:

Kasini Hospital
Al-Kausar Herbal International Hospital and College

Al-Kausar Tibb-e-Nabuvi Research Foundation Trust Regd - (ATRF)
Mughal Garden, New Town, Vaniyambadi - 635752
Tirupattur District, Tamilnadu, India

Application Form

Course applied for (Please)✓

1. Diploma in Unani Therapies (Ilaj Bit Tadbeer – Regimental Therapies) ☐
2. Diploma in Hammam and Hydrotherapy ☐

PERSONAL INFORMATION

1. Name (as recorded in SSLC or equivalent certificate in BLOCK LETTER in English)

1a. Name in Tamil

2. Father or Guardian Name if Guardian Relationship

3. Mother's Name

4. Date of Birth (As in the SSLC) 5. Age 6. Sex 7. Blood Group

8. Aadhar no. 9. EMIS no.

10. Email Id:

11. Father/ Guardian/Mother's Occupation 12. Nationality 13. Religion

14. Community: SC / ST / MBC / DNC / BC / OC / BCM

15. Permanent Address	16. Address for Communication
PIN: Mobile:	PIN: Mobile:

17. Are you differently abled specify : Yes / No
18. Are you Son / Daughter of Ex-service man : Yes / No
19. Distinction in sports: School/ District/State : Yes / No
20. Name of the School last studied and location :

21. Do you want Hostel Facility : Yes / No
22. Bank Details
    - Bank Name :
    - Account Number :
    - Branch name :
    - IFSC code :

II. ACADEMIC DETAILS

1. Qualifying examination passed: HSC ☐ **CBSE** ☐ **OTHERS** ☐

2. Details of marks obtained

Subjects	Marks	Max. Marks	Month/Year of Passing	Register No.	No. of Attempts
Part I: (Language) Tamil/Urdu/Others		100			
Part II:English		100			
PartIII:Subjects		100			
		100			
		100			
		100			
		100			
TOTAL		600			

3.Overall percentage of marks: ----------

DECLARATION BY THE CANDIDATE

DECLARATIONBYTHECANDIDATES DECLARATIONBYTHECANDIDATES

I hereby declare that the particulars given above are true and correct to the best of my knowledge. I accept that my admission is provisional, subject to the approval by the Thiruvalluvar university. I agree to abide by the Rules and Regulations of the College regarding academic and related activities. I understand that in matters pertaining to the breach of discipline or non-observance of rules and regulations, the decision of the authorities will be final and binding on me.

Place:

Date: Signature of Candidate

UNDERTAKING BY THE PARENT / GUARDIAN

I_____ do hereby assure you that my son / daughter / Ward _____ if admitted to the Al-Kausar Herbal International Hospital and College, Vaniyambadi, will not take part in any activities prejudicial to the interest of the College. I undertake to pay regularly the fees due to the college till the completion of the course and assure that I shall abide by any disciplinary action decided by the College Authorities in case of any contravention of the above agreement. In the event of my son / daughter/ ward leaving the college midway. I will pay the fee for the entire year and claim no refund. I also understand that legal action warranted against my son/ daughter/ ward if he / she is found indulged in Ragging.

Place:

Date: Signature of Parent / Guardian with name

FOR OFFICE USE ONLY

Submitted Certificates Verified: _____

SSLC	HSC	Community	Transfer	Conduct	SpecialCategory

Nominal Roll No. _____ Admitted in _____

Signature of the Staff Signature of the Principal