KIDWAI MEMORIAL INSTITUTE OF ONCOLOGY

Dr. M.H. Marigowda Road, Bangalore-560 029
Regional Centre for Cancer Research & Treatment
(Recognised by Automic Energy Regulatory Board and Affiliated by Rajiv Gandhi University of Health Sciences)
Approved by Govt. of Karnataka
Bangalore-560 029

APPLICATION FOR M.Sc RADIATION PHYSICS COURSE FOR THE ACADEMIC YEAR -2016-17

Affix your recent Passport size photograph here

Application No.

1. Name of the Candidate (As in SSLC Marks Card) : _____
2. Father's Name : _____
3. Mother's Name : _____
4. Date of Birth : Age____Date ____ Month____ Year _____
5. Place of Birth : _____
6. Sex : _____
7. Blood Group : _____
8. Marital Status : _____
9. Name of Parent / Guardian : _____
   Permanent address of Parent/ Guardian for Correspondence _____

   _____

   PIN: _____ Mobile No._____
10. Local Postal address of Parent / Guardian for Correspondence : _____

    _____

NOTE :- WALK-IN-INTERVIEW IS FIXED ON **22-8-2016 AT 10.00 AM** AT THE CHAMBER OF THE DIRECTOR (ROOM NO. 44)

11. Particulars of Parent / Guardian:

Name Occupation Annual Income in Rs.

Father_____

Mother_____

Guardian (If applicable)_____

12. Nationality : ☐ _____ NRI ☐ Foreign National

13. If Indian , Mention: Religion_____

Caste_____

Community_____

14. Mother Tongue _____

15. Medium of Instruction Studied: _____

16. EDUCATIONAL / PROFESSIONAL QUALIFICATIONS

Degree	Board / College / University	Year of Passing	No. of attempts	% of marks	Subjects

17. EXPERIENCE (including present employment)

Name of the Institute	Post Held	From	To	Total Period	Nature or work

18. NAME OF THE SPONSORING INSTITUTE: (IF APPLICABLE)_____

19. DD NO & DATE: _____

20. ANY OTHER INFORMATION YOU WISH TO ADD: _____

21. LIST OF DOCUMENTS ATTACHED:

GENERAL CONDITIONS

1. If admitted, I promise to abide by the rules and regulations of the college and maintain the decorum, decency and discipline throughout my stay at all times both, inside and outside the college.

2. I shall pay the prescribed fees and understand that fees once paid by me are not refundable under any circumstances.

3. I understand that the final allotment of the course vests entirely with the management.

4. I shall attend all the lecturers, practical classes and tests regularly and will complete all assignments in times as expected and demanded from me by the authorities. If I am short of attendance, fully understand that I will not be allowed for Writing Annual Examinations.

5. I declare that I am physically fit to undergo and complete the course and understand that any temporary illness is no excuse for fulfilling norms of class attendance, practicals and other various assignments etc., of the course. I will not be absent from any of the activities of the course without bonafide cause at any time during my entire period.

6. I understand that association with any unlawful organization of ay nature is strictly forbidden. I will not do anything or indulge directly or indirectly with any act, person, organization which jeopardizes the interest of sanctity of the college in any way, including ragging.

7. I fully understand that in the event of any incidents warranting any explanation, the decision of the Management is final and totally binding on me.

8. Disputes: any dispute with regarding to admission of the students in Kidwai Memorial Institute of Oncology, Bangalore will have the jurisdiction within Bangalore Civil City Court and the High Court of Karnataka at Bangalore and nowhere else.

9. A continuous period of absence for 30 days or more without prior intimation and approval from the Director will lead to suspension from the course.

10. WITHDRAWAL AND DISMISSAL

If any student decides to withdraw voluntarily from the college after the preliminary period or any time before completing the course, she / he should pay a prescribed penalty amount to the College.

11. Limited Hostel accommodation subject to availability will be provided to students and will not be extended for the failed students.

I UNDERSTAND THAT MY ADMISSION IS ONLY PROVISIONAL PENDING FINAL APPROVAL BY THE *RGUHS. I SHALL PRODUCE ALL NECESSARY CERTIFICATES AS REQUIRED BY THE *RGUHS WELL IN TIME FOR EARLY CONFIRMATION OF MY ADMISSION.

Signature of Applicant Date: Place:

DECLARATIION BY THE APPLICANT
I hereby declare that I have read the General conditions and the information

DECLARATION BY THE PARENT/GUARDIAN
I have gone through the General conditions, particulars filled above and the declaration

given above is complete and accurate go the best of my knowledge. Any wrong information furnished may liable for dismissal and I agree to abide by all the Rules and Regulations of the College and Board.

signed by my son/Daughter/Ward. If he/she is admitted in your college. I undertake the responsibility of /her conduct, I shall be responsible for the payment of all his/her dues, if any, to the College.

Signature of Applicant

Signature of Parent/Guardian

Place:
Date:

Place:
Date:

*Rajiv Gandhi University of Health Sciences