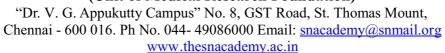


THE SANKARA NETHRALAYA ACADEMY

(Unit of Medical Research Foundation)





APPLICATION FO	RM FOR U	G / PG C	OURSES	Academic Yo	ear :	
Registration Details	s: (To be filled	l by TSNA	official)			
Registration Date:	Recent					
Remarks:	Colour					
Instructions to the Candidate	Passport s Photograp					
 Fill in all columns, put –NA– Incomplete application forms 	will be summari	ly rejected				
3. Applications submitted without4. A candidate must be 17 years	1 1 7			te 17 on or before		
31 st December of the year of a						
Course Name: (Please tick in the ap			of Hognital Admi	nistration		
Master of Optometry (M. Opto MBA - Hospital Management			of Hospital Admi Iealthcare Manag			
M. Sc -Medical Laboratory T			Iedical Laborato			
Name of the Applicant with initials (as in +2 Mark Sheet – in BLOCK letters)						
Expansion of						
Initials						
Gender (Please tick) Male Female Neutral Place of Birth						
Gender (1 lease tick) Whate Tenhale Tenhale Tenhale Treatain						
Date of Birth D D M M Y Y Y Y Age:						
Nationality	Religion		Community			
Address for Communication Blood Group:						
Pin Code						
E-mail ID						
Mobile No.						
Aadhar (UIDAI) No						

Parent Name Name of Guardi	an (If student no	t staving with	narents)				
ivallic of Guardi	an (11 student no	t staying with	parents)				
Parent/Guardian	Address for Cor	nmunication	(If different from above	address)			
Pin Code			E-mail ID	F-mail ID			
Phone with STD	Code		Mobile No.				
Dataila of Edu	cational Quali	ifi a ati a ma					
Details of Edu	Cational Quan	Month &					
Course Studie	d Major	Year of	Name of the School / College /	Medium	Aggregate % Marks / Class		
	Subjects	Passing	University		Marks / Class		
SSLC / 10 th Std							
Hr. Sc. / 12 th Std							
Under Graduate							
	ested copies of S	SSLC / Hr. Se	econdary certificates and	UG Provision	onal		
Certificates or I	Degree Certificat	es.)					
Transfer Certi	ficate Details	(Mandatory	for all courses)				
Transfer Certificate Details (Mandatory for Certificate No		Date of Issue					
Issuing Institution		Issuing Authority					
	tificate Details	(If applicat					
Certificate No		Date of Issue					
Issuing University		Issuing Authority					
	tificate Details	(If applical	ole)				
Migration Cer	Certificate No		Date of Issue				
	on		Issuing Authority				
Issuing Institut		ils (If annli	Issuing Authority				
Certificate No Issuing Institut	on ertificate Deta	ils (If appli	Issuing Authority				

Language Proficie	ncy (Tick appropriation of the state of the	tely)		1		
	Language (Specify)	Able to Speak	Able to Read	Able to Writ		
Mother Tongue						
	English					
Additional						
Have you attended	d any Educational Pr	ogramme at Sankar	a Nethralaya?			
Course Attended			Period			
		From	Date	To Date		
Additional Course	es and Programmes A	Attended, elsewhere,	if any, their than th	ne above		
Course Description		Org	ganized by	Duration		
Othors		<u> </u>				
Others:	4a1 a a a a muna da 4i a n 9	Yes / No				
(Applicable for	tel accommodation? girls only)	ies / ino				
Sources of Fundin	g (Please tick)					
(i) Own	g (1 rease tren)					
(ii) Student Loan	ı					
(iii) External Sch						
(iv) Others	r					
(11) 3 111415						
References:						
1.		2.				

Registration Fee Payment Details

- 1. DD drawn in favour of "Medical Research Foundation" Payable at Chennai
- 2. TSNA Bank Details for on line payment

City Union Bank: Purasawalkam Branch	Name: Medical Research Foundation
Account no: 112001001089459	IFSC Code: CIUB0000112

Mode of payment: DD/Online/Card (Please tick)

DD No. / Online Ref.No:	Rs.
Date:	Bank:

Note:

- 1. Registration fee for UG courses Rs.1,000/- & for PG courses Rs.1,500/-
- **2.** Registration fee is payable while submitting filled—in applications
- **3.** Registration fee is not refundable
- **4.** Candidate should write his / her name on the reverse of the Demand Draft
- **5.** Incomplete application will not be considered

Declaration

I hereby declare that the particulars given above are true to the best of my knowledge. If any of the particulars furnished are later found to be false, I agree to forfeit my admission without claiming any refund. We assure strict adherence to TSNA's regulations after admission.

We undertake the responsibility to pay all prescribed fees on or before the scheduled dates.

Date:

Place:

Signature of the Candidate

Signature of Parent /Guardian

Enclosures:

Note: Attested photocopies of the following should be enclosed along with the application form

- 1. SSLC, HSC, Degree Certificates(for PG applications)
- 2. Community certificate, Transfer certificate, Migration certificate, Eligibility certificate (as applicable)
- 3. Proof of attainments, if any, in extracurricular activities and other training undergone
- 4. Two passport size photographs (recent)
- 5. Copy of Aadhar Card
- 6. DD or copy of Bank details to be enclosed
- 7. Professional experience certificate from the organization (if any)

Filled in application form with enclosures to be forwarded to:

The Head of the Department with Course Name

The Assistant Registrar

The Sankara Nethralaya Academy
"Dr. V. G. Appukutty Campus" No. 8, GST Road,
St. Thomas Mount, Chennai - 600 016.
Ph. No. 044 - 49086000