

SCHOOL OF RADIOLOGY
DIPLOMA IN RADIODIAGNOSIS TECHNOLOGY COURSE
E.T.C.M. HOSPITAL, KOLAR TOWN, KARNATAKA.
(CMAI)

**APPLICATION FOR
 ADMISSION**

Please Affix
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This form must be filled in English by the applicant in his / her own handwriting and sent to the Medical Superintendent E.T.C.M. Hospital, Kolar - 563 101. KARNATAKA. on or before 15th July *every year.*

1. Name in full (in block letters) _____
2. Address (a) Present _____
 (b) Permanent _____
 (c) Telegraphic _____
 Phone No. _____
3. Birth (a) Place of Birth _____
 (b) Date of Birth _____
4. Marital Status : Married / Not Married
5. Father's / Guardian's Name _____
 Occupation _____ Income _____
 No. of Dependants _____

Academic	Name of the Institution	Years attended	Subjects Studied	No. of attempts	Total Marks obtained	Class
S.S.L.C.						
P.U.C.						

(...2..)

6. Religion _____ Denomination _____

7. (a) Educational Qualification _____

8. (b) Attest the marks cards of the above courses and any other course done in addition to them.

9. Has there been a break in your studies, if so why and for how long?

10. Past and Present Occupation _____

11. Give the names and address of your pastor and of two persons who knows you well for reference (not related).

Pastor's Name and Address _____

Ref. 1 _____

Ref. 2 _____

12. Are you sponsored ? Yes / No.

If 'Yes' by which Institution / Church? _____

13. Have you applied to any other C.M.A.I. training course ? If so, mention the name of the centre

14. Write a letter as to why you desire to become a Radiographer (in 15 to 20 lines).

I declare that the information given above is true to the best of my knowledge and belief.

Signature of the Parent / Guardian

Signature of the Applicant

Date :

Place :

Remarks : (Not to be filled by the applicant)