



# COCHIN MEDICAL COLLEGE

(A Government of Kerala Undertaking)

HMT Colony, Kalamassery, Kochi – 683 503

## APPLICATION FORM FOR CERTIFIED PROGRAM IN HOSPITAL ENGINEERING

PASSPORT  
SIZE  
PHOTO

	First name	middle name	last name
NAME:			

AGE & DATE OF BIRTH :  
SEX :  
NATIONALITY :  
COLLEGE FROM WHICH GRADUATED :  
PERCENTAGE OF MARKS OBTAINED  
IN QUALIFYING EXAMINATION /CPGA :  
NAME OF FATHER/GUARDIAN :  
OCCUPATION :  
CONTACT DETAILS :  
PERMANENT ADDRESS :  
PHONE NO : Landline : .....  
: Mobile : .....  
E-MAIL ADDRESS :  
DETAILS OF THE PROJECTS DONE :  
DETAILS OF PUBLICATIONS/ACADEMIC :  
AWARDS IN THE PROJECTS(if any)

**DETAILS OF QUALIFICATION:**

COURSE	COLLEGE/INSTITUTION	UNIVERSITY	YEAR & MONTH OF PASS	TOTAL MARKS	PERCENTAGE OF MARKS
DEGREE					
PLUS TWO					
SSLC/CBSE/ICSE					

ANY OTHER QUALIFICATION:

EXTRACURRICULAR ACTIVITY:

**DECLARATION**

I do here by declare that all the details are correct and true to the best of my knowledge.

Signature of candidate

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**DOCUMENTS TO BE ATTACHED**

1. Self attested copies of mark lists
2. Relevant document to prove date of birth /SSLC

**Instructions:**

- ✓ Eligibility: B-tech biomedical /Msc biomedical instrumentation, 2013 passout (fresher) & Indian nationality
- ✓ Applications should be sent either by post or by hand.
- ✓ Applications if sent by e-mail will be considered as advance application. And hard copy should be reached within 4 days from the last date.
- ✓ **LAST DATE: 7.8.2013**
- ✓ Address: THE PRINCIPAL  
COCHIN MEDICAL COLLEGE  
HMT COLONY  
KALAMASSERY  
KOCHI:683503
- ✓ Email id:cmcbiomedical@gmail.com