



# FRONTIER MEDIVILLE

(DR.K.M.CHERIAN HEART FOUNDATION)

## Bharat Sevak Samaj

National Development Agency, Promoted by Government of India

Courses offered ( Tick in the required box)

1. Diploma in Autopsy and embalming Technician ( 2 Year Course )	
2. Diploma in Anatomy and Pathology Curator ( 2 Year Course )	

### APPLICATION FORM FOR VOCATIONAL TRAINING

NAME :

AGE/SEX :

FATHER'S NAME :

ADDRESS :

DATE OF BIRTH :

QUALIFICATION :

AADHAR NUMBER :

CO-CURRICULAR ACTIVITIES :

FATHER / GUARDIAN'S OCCUPATION :

MOTHER'S OCCUPATION :

SINGLE PARENT, IF "YES", :

PLEASE SPECIFY

CONTACT NUMBER :

Affix

Passport size

Photograph

FAMILY INCOME :

DIFFERENTLY ABLED : YES/NO  
(If 'Yes', explain)

CRITERIA FOR STIPEND : **A)**BPL      **B)**SINGLE PARENT  
**C)**FEMALE GENDER  
**D)**ACADEMIC PERFORMANCE  
**E)**ANY OTHER FACTOR INFAVOUR OF SUPPORT

FAMILY DETAILS :

S.NO	NAME	RELATION	AGE	REMARKS

NAME OF THE SCHOOL AND ADDRESS :

**Declaration by the candidate :**

I declare that all the foregoing statements made in this application are true and that the rules of the university and the College will be followed on admission. I accept that any statement made in this application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled.

Date :

**Signature of Parent/Guardian**

**Signature of Applicant**

## **NOTE**

- ❖ Last date of receipt of filled in application form – 31.05.2019  
(Applications are available online as well as in the billing department of Frontier Lifeline Hospital)
  
- ❖ Send the filled in application along with required documents to below address.  
**MEDICAL RECORD DEPARTMENT  
FRONTIER LIFELINE HOSPITAL  
R-30-C, Ambattur Industrial Estate road,  
Chennai-600 101.  
Tel: +044-4201 7575.**
  
- ❖ Date of written exam and oral interview – 12.06.2019
  
- ❖ Course fee Rs.40,000/-  
(Application cost of Rs.100/- to be paid to the billing department of Frontier Lifeline Hospital / RTGS / NEFT) Attach online fund transfer receipt.

Beneficiary Name	M/s. Frontier Lifeline Pvt.Ltd
Account Number	497501010036415
Beneficiary Bank	Union Bank of India
Beneficiary Branch	T.S.K.Nagar
Beneficiary Address	T.S.K.Nagar, Mugappair, Chennai
Bank Contact no.	0442346020,21,22
IFSC Code	UBIN0549754
SWIFT Code	UBININBBOMD

- ❖ Limited number of stipend Rs.6000/- per year may be available for a few meritorious students during the course period.
  
- ❖ In case of a student withdrawing from Programs after admission,  
**NO REFUND OF FEES** will be made by the Institution under any circumstance.
  
- ❖ Xerox Copies of all mark sheets/certificates, self attested, to be attached.
  
- ❖ Aadhar card self attested copy to be attached.
  
- ❖ Hostel facilities may be arranged on request.

**For further information please contact Dr.Sarasa Bharati, Laboratory Director & Advisor  
Academics, Dr.W.Lydia Jeris, Consultant – Clinical Laboratory  
044 - 42017575 , EXTN 112, 109.**