

**APPLICATION FOR ADMISSION TO THE CERTIFICATE COURSE IN  
REGIMENTAL THERAPY (2024-2025)**

**Approved by the Government of Kerala as per the G. O. No. 330/2024/AYUSH Dated 29.08.2024**

**for**

**MANAGEMENT QUOTA SEATS**

(Read the Prospectus and Instructions carefully before filling the Application Form)

Name of the Applicant in full	In Block letters	
	In Mother tongue	
Details of Application Fee remitted Amount- Rs. 1,000/- (Enclose Proof):-		
Affix passport size Photograph of the Applicant		
Age and Date Birth of the Applicant (Age as on 01/05/2024)		
Gender (Male or Female or Transgender)		
Native District of the Applicant		
The Applicant's Community (General or Others:- If Others, Please Specify the Community)		
No. of chances taken for pass the Qualifying Examination – 10 <sup>th</sup> Standard (1/2/3/4)		
Additional Qualifications, if any (Enclose the copies of Certificates from Pre- Degree/Plus Two onwards)		
Total Marks/Grade Secured in S.S.L.C. Examination		
Whether studied Urdu if yes, Give details		

Details of marks/Grade Secured in S.S.L.C Examination (Enter subjects as in the mark list/Certificate).  
 (Candidates who have passed the S.S.L.C. Examination before the introduction of Grading system should convert their marks into Grade as per Clause I of the Prospectus)

SI No	Name of subject	Marks	Marks	% of marks secured	Grade secured	Grade Point value
		Maximum	Secured			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Are you eligible for reservation of seats?  
 (Answer Yes or No)

If the answer is Yes, specify the category as specified in the notification and the certificate issued by the Revenue Officer.

Annual family income of the applicant (Fill up as certified by the Revenue Officer) Applicable to candidates seeking admission against reserved seats)

Are you Differently Abled (Answer Yes or No)

Address of the Applicant to which communications should be sent with Pin Code (In Block Capitals)

Permanent Address of the Applicant (In Block Capitals) with Phone No.	
Name, Address and Occupation of the Parent or Guardian	
Relationship of the Applicant with the Parent or Guardian	
Name, address and occupation of the Local Guardian, if any	

**\*The Application Fee of Rs. 1,000/- to be remitted with Remarks – ‘Application Fee with Name’ in**

<b>Account Name</b>	<b>:</b>	<b>Markaz Unani Medical College and Hospital</b>
<b>Account Number</b>	<b>:</b>	<b>50200027367133</b>
<b>Bank Name</b>	<b>:</b>	<b>HDFC Bank Ltd</b>
<b>Branch Name</b>	<b>:</b>	<b>Thamarassery</b>
<b>IFSC Code</b>	<b>:</b>	<b>HDFC0003010</b>

**DECLARATION**

I,..... hereby  
 declare that the information furnished above are true and the copies of certificates enclosed are  
 true copies of original certificates kept by me.

Signature of the Applicant

Place:

Date:

Signature of the Parent or Guardian

List of Enclosures: 1.
2.
3.
4.
5.