

# LOURDES COLLEGE OF PARAMEDICAL SCIENCES



**LOURDES  
HOSPITAL**



**LOURDES HOSPITAL ERNAKULAM, Kochi -682012**  
PHONE: 0484 4123456, Extn: 5302, Fax: 0484 2393720  
Email: lourdeshospital@vsnl.Com

## Application for Admission to Lourdes Paramedical Courses

TO BE FILLED BY THE APPLICANT

Pass port  
size photo

Name of the Courses: 1.....  
2.....  
3.....

1. a. Name in full ..... b. Gender.....

2. Permanent Address.....

3. Address to which communications are to be sent.....

4. a. Age..... b. Date of Birth..... c. Religion.....

d Married or Single.....

5. Phone No.....

6. Name and Occupation of the Parent or Guardian.....

Examination Passed	School/ Board/ University/	Year of passing	Optional Subjects	Total Marks	%of Marks	No. of appearance
SSLC						
Plus Two						
Degree						
Any other						

8. Present Employment, if any, with the.....

.....

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Name of the institution Note: Attested Copies of the following Certificates should be attached

- SSLC Certificate
- Plus two Mark list
- Degree
- Conduct certificate
- T.C

### DECLARATION

I .....do hereby declare that all entries made above are true to thebest of my knowledge and belief. I agree to abide by the rules and regulations of the Centre and in case of any misconduct I am liable for punishment including removal from the course programme.

Signature of the Applicant

Place: .....

Date:.....

Signature of the Parent/Guardian

### GENERAL INFORMATION

- 1.Application Forms can also be obtained from the Paramedical Office from May 10th onwards.
- 2.The last date for submission of Application Form is 11th June
- 3.Hostel facility is available for girls.
4. For more information: Ph : 0484 4125144, 4125145



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