

Government of Kerala

Directorate of Medical Education Application for Admission to M.phil in Clinical Epidemiology Course 2012.

Name of the Applicant (In Block letters)		(Photo)
Postal Address		
Mobile Phone No		
E-mail		
Sex		
Date of Birth		
Nativity		
Service Quota claimed	Yes/No	

Details of Qualifying Examination

Name of Examination	Register Number	Month & Year of passing	Name of University/Board of Examination
1.MBBS/Equivalent (specify)			
2. M.D/ Equivalent (specify)			

DECLARATION

I hereby declare that I have read the various clauses in the prospectus for admission to M phil course in Clinical Epidemiology-2012 and the instructions carefully and I agree to abide by them.

I also declare that all the entries made in this application are true, complete and correct to this best of my knowledge.

Place :

Date :

Signature of the Candidate

**PROFORMA FOR SERVICE DETAILS FOR CANDIDATES UNDER
SERVICE QUOTA**

Name :

Age :

Designation :

Department : DME/DHS/RCC/ESI

Appointment Order No. & Date :
of joining

Leave taken other than
CL :

Duration of LWA if any and
Leave sanction order :

Total duration of continuous
service :

Present place of work :

Date of declaration of probation:

Signature of DME/DHS/
The Director, RCC/
The Director ESI