

Regn. No. : .....  
(To be filled by Office)



**SRI RAMACHANDRA  
INSTITUTE OF HIGHER EDUCATION AND RESEARCH**  
(Deemed to be University)  
Placed in 'Category – I Universities' by the UGC  
Accredited by NAAC with 'A' Grade  
Porur, Chennai - 600 116.

Affix your latest  
passport size  
photograph here.

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**APPLICATION FORM FOR THE ACADEMIC YEAR- 2019-20**  
**ADMISSION TO (Put a tick (✓) mark)**

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>B.Sc. (Hons) Sports &amp; Exercise Sciences</b>   | <input type="checkbox"/> | <b>B.Sc. (Hons) Medical Microbiology and Applied Molecular Biology</b> | <input type="checkbox"/> |
| <b>B.Sc. (Trauma Care Management)</b>                | <input type="checkbox"/> | <b>B.Sc. Health Informatics</b>  | <input type="checkbox"/> |
| <b>B.B.A. Hospital and Health Systems Management</b> | <input type="checkbox"/> | <b>B.Sc. Bioinformatics</b>  | <input type="checkbox"/> |
| <b>B.Sc. Clinical Nutrition</b>                      | <input type="checkbox"/> | <b>B.Sc. Data Sciences</b>   | <input type="checkbox"/> |
| <b>B.Sc. (Hons) Environmental Health Sciences</b>    | <input type="checkbox"/> | <b>B.Sc. Applied Psychology</b>  | <input type="checkbox"/> |
| <b>B.Sc. Clinical Research</b>                       | <input type="checkbox"/> |  |                          |
-

NAME OF THE CANDIDATE : .....  
(IN BLOCK LETTERS)

<p>In case of submission of downloaded application from website, should enclose a D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai. <b>(Enclose Demand Draft)</b></p>	<p>DD No. : .....</p> <p>Date : .....</p> <p>Bank Name : .....</p> <p>Branch : .....</p>
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**IMPORTANT NOTE :**

Candidates should complete the check list and submit it with application.

<b>CHECK LIST</b>		Enclosed Put a tick (✓)
1	Application form duly filled in (only self attested photo copies to be submitted)	
2	Photocopy of the H.S.C. (+2) equivalent examination Hall Ticket, if appeared for H.S.C. or equivalent Examination in March/April 2019	
3	Mark statement(s) issued by (State Board/CBSE/ISC or any other equivalent authority) if already passed +2 Examination	
4	Birth Certificate for proof of age (if date of birth is not given in the H.S.C. Mark Statement or Transfer Certificate)	
5	Transfer Certificate/Migration Certificate	
6	Conduct Certificate issued by the Head of the Institution last studied	
7	Photocopy of Aadhaar Card	
8	Call letter for Interview duly filled in with photograph affixed and signed – <b>Original</b>	
9	Call letter for Interview duly filled in with photograph affixed and signed – <b>Duplicate</b>	
10	In case of downloaded application form, D.D. for Rs.1000/- drawn in favour of “Sri Ramachandra Institute of Higher Education and Research (Deemed to be University)” payable at Chennai towards application fee.	
<b>Note:</b>	<b>Last date for submission of application</b>	<b>29.05.2019</b>

**SRI RAMACHANDRA**  
**INSTITUTE OF HIGHER EDUCATION AND RESEARCH**  
**(Deemed to be University)**  
**Porur, Chennai - 600 116**

**APPLICATION FORM FOR ADMISSION TO**

**B.Sc. (Hons) Sports and Exercise Sciences/ B.Sc. (Hons) Medical Microbiology and Applied  
Molecular Biology/ B.Sc. (Trauma Care Management)/ B.Sc. Clinical Nutrition/  
B.B.A. Hospital and Health Systems Management / B.Sc. Bioinformatics /  
B.Sc. Health Informatics / B.Sc. Data Sciences / B.Sc. (Hons) Environmental Health Sciences/  
B.Sc. Applied Psychology / B.Sc. Clinical Research /Degree Programmes – 2019**

(Note : Please fill in each column in your own handwriting and put a tick mark (√) wherever necessary and strike off the portion not applicable. Incomplete application form will be rejected summarily).

1.	a) Name of the Candidate (AS PER CERTIFICATE IN BLOCK LETTERS)		
	b) Expand the initials		
	c) Complete address (with District, State & PIN CODE) to which communication is to be sent		
	d) Phone No. with STD Code	Residence :	
		Mobile :	
	e) E-mail of Candidate		
	f) E-mail of Parent		
	g) Aadhaar No. of Candidate (Self Attested Photocopy to be enclosed)		
2.	a) Father's Name		
	b) Mother's Name		
3.	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
4.	a) Date of birth and age		Age:
	b) Place of birth, District and State		
5.	Nationality and Religion		
6.	a) Whether appearing for the H.S.C (+2) Examination in March/April 2019	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	b) If Yes, give details and enclose Photocopy of H.S.C (+2) Hall Ticket	Registration No. :	
		Name of the Board :	

7.	Details of examination passed/ Appeared in Mar/Apr-2019:	HSC Academic	CBSE	ISC	Any other equivalent Examination
8.	If already passed H.S.C (+2), Registration No. , Month and Year of passing the qualifying examination	Registration No.:			
		Month & Year:			
9.	Name and address of the Recognised School where qualified / studying				
10.	Marks obtained in the qualifying examination (If already passed, enclose self attested Photocopy of Mark Statement(s)). Please tick (√) against the subjects appeared for at the H.S.C. (+2) Examinations.				
	<b>SUBJECT</b>	<b>PUT (√) MARK</b>	<b>MARKS OBTAINED</b>	<b>MAXIMUM MARKS</b>	<b>MINIMUM MARKS FOR PASS</b>
	ENGLISH				
	PHYSICS				
	CHEMISTRY				
	BIOLOGY				
	BOTANY				
	ZOOLOGY				
	MATHEMATICS				
	TOTAL				

### DECLARATION BY THE CANDIDATE

I declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further declare that I have read fully the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

Place :

Signature of the Candidate

Date :

Signature of the Parent/Guardian



**SRI RAMACHANDRA**  
**INSTITUTE OF HIGHER EDUCATION & RESEARCH**  
 (Deemed to be University)  
 Porur, Chennai -600116

Original

**CALL LETTER FOR INTERVIEW**

**B.Sc. (Hons) Sports and Exercise Sciences/ B.Sc. (Hons) Medical Microbiology and Applied Molecular Biology/ B.Sc. (Trauma Care Management)/ B.Sc. Clinical Nutrition/ B.B.A. Hospital and Health Systems Management / B.Sc. Bioinformatics / B.Sc. Health Informatics / B.Sc. Data Sciences / B.Sc. (Hons) Environmental Health Sciences B.Sc. Applied Psychology / B.Sc. Clinical Research Degree Programmes – 2019**

**Name and mailing address of the Candidate:**

(same as in Column 1(c) of application)

Name : Mr./Ms. \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

State : \_\_\_\_\_ PIN Code : 

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Mobile : \_\_\_\_\_ Phone(with STD Code) : \_\_\_\_\_

Affix your latest  
 Passport size  
 photograph and  
 put your signature  
 on the photograph

.....  
 (Signature of the Candidate)

**(FOR OFFICE USE ONLY)**

**REGISTRATION No.** : 

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 (WILL BE ASSIGNED BY OFFICE)

**PLACE OF INTERVIEW** : **SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION & RESEARCH  
 (DEEMED TO BE UNIVERSITY)  
 PORUR, CHENNAI - 600 116**

**DATE** : **12.06.2019 (Wednesday)  
 13.06.2019 (Thursday)**

**TIME** : **10.00 a.m.**

**Signature of the Issuing Authority** \_\_\_\_\_

.....  
**Signature of the Candidate  
 (To be signed at Interview Hall)**

**Important Note** : Candidates are instructed to report at the Interview Hall atleast half-an-hour before the scheduled time.





Duplicate

**SRI RAMACHANDRA**  
**INSTITUTE OF HIGHER EDUCATION & RESEARCH**  
(Deemed to be University)  
Porur, Chennai -600116

**CALL LETTER FOR INTERVIEW**

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Affix your latest  
Passport size  
photograph and  
put your signature  
on the photograph

.....  
(Signature of the Candidate)

<b>(FOR OFFICE USE ONLY)</b>									
<b>REGISTRATION No.</b> (WILL BE ASSIGNED BY OFFICE)	: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<b>PLACE OF INTERVIEW</b>	: <b>SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION &amp; RESEARCH (DEEMED TO BE UNIVERSITY) PORUR, CHENNAI - 600 116</b>								
<b>DATE</b>	: <b>12.06.2019 (Wednesday) 13.06.2019 (Thursday)</b>								
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