

GUIDELINES TO FILL IN THE APPLICATION

1. Please follow the instructions given in the application form to fill in the details.
2. Ensure that all the relevant facts are filled in. Incomplete application forms will not be accepted.
3. Ensure all the photocopies of the following documents are attached:
 - 12th Marksheet
 - UG/ PG provisional certificate or degree certificate
 - 5th-semester mark sheet (those in the final semester)
 - TC from the previous educational institution (if applicable)
 - 2 passport-sized photographs (excluding the one in the application)
 - Aadhar card
4. Send a scanned copy of the attached documents to admin@mscimhr.org for uploading to the university portal.

6. Please pay the **application fee of RS. 400/-** to the following bank account:

ACCOUNT NAME: M.S.Chellamuthu Trust and Research Foundation

BANK NAME: Punjab National Bank

BRANCH: Anna Nagar, Madurai-625020

ACCOUNT NUMBER: 3970002100011240

IFSC CODE: PUNB 0397000

REFUNDS WILL NOT BE PROVIDED UNDER ANY CIRCUMSTANCES.

7. Once the payment is made, please send the application form, along with required documents, with the PROOF OF PAYMENT to:

The Principal,
MS Chellamuthu Institute of Mental Health and Rehabilitation,
Plot 7, 5th street, Lake area (near Maatuthavani),
Madurai - 625107
Ph. No: 9629911357



MS CHELLAMUTHU

INSTITUTE OF MENTAL HEALTH AND REHABILITATION

Promoting leadership in mental health care

(The HRD initiative of MS Chellamuthu Trust and Research Foundation)

A Collaborative Institution of **ALAGAPPA UNIVERSITY, KARAIKUDI**



7. Sex :

M	F
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8. Community:

SC	ST	MBC	BC	OC
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9. Date of Birth:

10. Nationality:

11. Aadhar card Number :

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12. Details of Educational Qualifications:

Course Studied	Name of the Degree	Major	Month & Year of Passing	Name of the College/ University	% of Marks / Class
Higher Secondary					
Under Graduate					
Post Graduate					

(Enclose Attested copies of Plus Two Mark Sheet and UG/PG Provisional Certificate or Degree Certificate. **Individual Mark Statements will not be accepted**)

I hereby declare that the particulars given above are true. If any of the particulars furnished are found to be false, I agree to forfeit my admission.

Place:

Date:

Signature of the Candidate:

Note: The following documents must accompany the filled-in application:

- Attested Xerox copy of Hr. Secondary Mark Statement, Provisional or Degree Certificate.
- Filled-in Identity Card with Stamp Size Photo affixed

Signature of the Principal of the Collaborating Institution. With office Seal	Admitted/ Not Admitted
	Date of Admission_____
	DIRECTOR , Collaborative Programs Alagappa University.