



**MOTHER THERESA POST GRADUATE AND RESEARCH  
INSTITUTE OF HEALTH SCIENCES (MTPG & RIHS)**

(Government of Puducherry Institution)  
Indira Nagar, Gorimedu, Puducherry-605 006

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Email: deanmtihs@gmail.com

**APPLICATION FOR ADMISSION (2023 -24) TO LATERL ENTRY COURSES  
[P.B.B.Sc. NURSING / B.Sc. MLT (L.E.) / B.Sc. MRIT (L.E.) / B.Pharm. (L.E)]**

**Application for Admission to \_\_\_\_\_**

(FOR OFFICE USE ONLY)

1. Name of the Candidate : \_\_\_\_\_
2. Registration Number :  Merit Rank
3. Residence & Category of the Applicant :
4. Category under which selected :

**DEAN**

**Note: Read the information brochure before filling up the application form. Please submit original DD. Application without original DD will not be considered. Please submit all 6 pages with necessary annexure.**

Course applied for

<b><i>P.B.B.Sc. (NURSING)</i></b>	<b><i>B.Sc. MLT (L.E.)</i></b>	<b><i>B.Sc. MRIT (L.E.)</i></b>	<b><i>B.Pharm. (L.E.)</i></b>
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1. Name of the Candidate :


Affix  
recent  
passport size  
photograph &  
self-attest

2. Name of Father :

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3. Date of Birth :

Date			—	Month			—	Year				

4. Nationality  
(Pls tick [✓]) :

Indian ☐ Others ☐

5. Gender (Pls tick [✓]) :

Male ☐ Female ☐ Others ☐

6. Address for  
communication


Pin Code

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7. (a) Contact Telephone No.  
with code :

						—									
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(b) Mobile Number :

						—					
--	--	--	--	--	--	---	--	--	--	--	--

Alternate Mobile  
Number

						—					
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(c) E-Mail ID :

													@			.com
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8. Please tick [✓] the category  
under which seeking admission  
[Enclose recent Nativity/ Residence &  
Community Certificate]

<b>GEN</b>	<b>OBC</b>	<b>BCM</b>	<b>MBC</b>	<b>EBC</b>	<b>BT</b>	<b>SC</b>	<b>ST</b>

9. Please mention the special category (if any): \_\_\_\_\_

10. Domicile Status / Residence of : Puducherry UT Other States / UT  
(Please tick [✓])

11. (a) Details of Qualifying Examination : (DGNM / D.Pharm/DMLT / DCRA)

Name of the College	Board	Month & Year of Passing	Marks Obtained (Semester/ Year)		Max. Marks
			I		
			II		
			III		
Percentage :-				TOTAL	

12 Council Registration Certificate details (Registration number with date) : \_\_\_\_\_

13 Practical Training Certificate (for D.Pharm.) : \_\_\_\_\_

14 (a) Whether currently employed in State/ Central Govt. / Private sector (if yes, specify Name of the Hospital/ Institution) : \_\_\_\_\_

(b) Enclose copy of the Order / Certificate / Study Permission / NOC obtained from the appointing authority (for In-Service Candidates only). : \_\_\_\_\_

15 Application fee **Rs.1,000/-** (For SC/ST applicants: **Rs.800/-** only)

Details of Demand Draft (D.D) in favour of **"The Dean, MTPG & RIHS" payable at Puducherry**

(a) DD No. : 

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 Dt. 

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(b) Amount : ₹ 

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(c) Name of the Bank : 

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### DECLARATION BY THE APPLICANT

I hereby solemnly affirm that the statements made and information furnished in the application and all the enclosures submitted by me are true and no relevant fact is suppressed by me. I have read and understood the Information Brochure carefully. I shall abide by the rules and regulations of the Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry.

Place:

Date:

Signature of Applicant

Name of the Candidate : \_\_\_\_\_

### **CHECK LIST**

Sl. No.	Attach the <u>self-attested copies</u> of following certificates / documents with the application.  (Tick [✓] the relevant boxes)	To be filled by		
		Applicant	(For Office use) Scrutinizing/Counselling	
1.	Proof of Date of Birth	:	<input type="checkbox"/>	<input type="checkbox"/>
2.	Puducherry UT Residence / Nativity Certificate (Recently obtained)	:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Community (Recently obtained)	:	<input type="checkbox"/>	<input type="checkbox"/>
4.	DiplomaCertificate of the qualifying exam	:	<input type="checkbox"/>	<input type="checkbox"/>
5.	Marks statements of qualifying examination (All years) (_____ Nos.)	:	<input type="checkbox"/>	<input type="checkbox"/>
6.	Transfer Certificate & Conduct Certificate issued by the Head of Institution last studied	:	<input type="checkbox"/>	<input type="checkbox"/>
8.	Study Permission / NOC obtained from the Competent Authority (for In-Service Candidate)	:	<input type="checkbox"/>	<input type="checkbox"/>
9.	Original Demand Draft towards Application Fee	:	<input type="checkbox"/>	<input type="checkbox"/>
10.	Council registration certificate for (DGNM/D.Pharm. qualified candidates)	:	<input type="checkbox"/>	<input type="checkbox"/>
12.	Council Renewal Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>
13.	Practical Training Certificate (D.Pharm. qualified candidates)	:	<input type="checkbox"/>	<input type="checkbox"/>
14.	Aadhaar Copy	:	<input type="checkbox"/>	<input type="checkbox"/>
15.	S.S.L.C. Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>
16.	H.S.C. Mark Sheet	:	<input type="checkbox"/>	<input type="checkbox"/>
17.	DGNM Internship Certificate	:	<input type="checkbox"/>	<input type="checkbox"/>

**Remarks:**

*MOTHER THERESA  
POST GRADUATE AND RESEARCH INSTITUTE OF HEALTH SCIENCES,  
PUDUCHERRY.*

**(A Government of Puducherry Institution)**

**DECLARATION /UNDERTAKING FROM THE STUDENT**

I, Mr. /Ms.-----

Student of----- in Mother Theresa Post Graduate and Research  
Institute of Health Sciences, Puducherry, residing at -----  
-----

Phone No / Cell No: ----- do hereby undertake on

this the------(Day),of------(Month)----- (Year), the following:-

1.I, hereby, undertake to present the original documents immediately upon demand by the authorities concerned of the Institute.

2.I, hereby, promise to abide by the admissible rules and regulations, concerning discipline, attendance, etc. of the Institute (MTPG&RIHS), and also to follow the Code of Conduct prescribed for the Students of the Institute, which is in force from time to time and subsequent changes/modifications/amendment made thereto. I acknowledge that, the Institute has the authority for taking punitive actions against me for violation and/or noncompliance of the same.

3.I, understand that 80% of attendance in classes is compulsory and I commit myself to adhere to the same. I also understand that in case of my attendance falls short, for any reason, the competent authority of the Institute may take such punitive action against me, which may be deemed fit and proper.

4. I, hereby declare that I will neither join in any coercive agitation/strike for the purpose of forcing the authorities of the Institute to solve any problem, nor I will participate in any activity which has a tendency to disturb the peace and tranquility of life of the MTPG&RIHS campus and/or its Hostel premises.

5.I, hereby declare that both neither I will indulge in, nor tolerate ragging, in any form, even in words or intentions, and I accept to give an undertaking in the prescribed format for the same.

6.I, hereby declare that I shall be solely responsible for my involvement in any kind of undesirable / in disciplinary activities outside the campus, and shall be liable for punishment as per the law of the land. I, further understand that, the Institute shall in no way provide any support to me and will not be held responsible for my any such action.

....2/-

7. I, hereby undertake to remit the requisite fee as fixed by the affiliating University / Institute from time to time.

8. I, further undertake to state that I will be punctual and regular in attendance and in the event of discontinuing the course; I will remit the requisite fee as fixed by the institute for the academic year. In addition, an amount of Rs. 10,000/- (Rupees ten thousand only) towards penalty for the discontinuance is liable to be paid by me.

9. I, also declare that I am not suffering from any serious/contagious ailment and/or any psychiatric / psychological disorder.

10. I, further declare that my admission may be cancelled, at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect.

11. I, hereby undertake to inform the Institute, about any changes in information submitted by me, in the Application Form and any other documents, including change in addresses and phone nos., from time to time.

Date:

Signature of Student

**DECLARATION BY PARENT/ GUARDIAN**

I ----- (Mother / Father / Guardian) of -  
----- hereby fully endorse the above  
undertaking/declaration given by my son/daughter and I will endeavor to motivate my  
son/daughter to do his/her best to observe the above stated undertaking in words and spirit.

Place: Signature of Mother / Father / Local Guardian

Date: