



Water, Sanitation and Hygiene Institute (WASH Institute)

No. 1/20, Kathiranampatti Pirivu, Palani Road, REDDIAR CHATRAM 624
622Dindigul District, Tamil Nadu. Phone:0451-2554214, Mobile:
9788280088. Email: courses@washinstitute.org, Website: www.
washinstitute.org.

(Affix Passport
size Photo with
signature)

APPLICATION FOR ADMISSION – 2021-2022

Two Years Diploma in Health Inspector/ Sanitary Inspector/ Health Worker (MALE) Course

Approved By Government of Tamil Nadu

GO. Ms. No: 32, Health and Family Welfare Department, dated 08-02-2019.

1	Name of the Candidate (Write in Block letters)														
2	Name of Father/Guardian														
3	Date of Birth						Date		Month		Year		Completed age (as on 01.05.2020)		
													years		
4	Nationality														
5	Religion														
6	Caste (Please tick the appropriate box)						OC	BC	MBC	DNC	SC	SC (Arunthathiar)	ST		
7	Communication Address with PIN Code														
														Mail ID	
8	Permanent Address with PIN code														
9	Contact mobile number & Land Line with STD Code No						Student		Father/Guardian			Mother/Guardian			
10. Educational Qualification (Please tick the appropriate box)						HSC	<input type="checkbox"/>	BSc	<input type="checkbox"/>	Others	<input type="checkbox"/>				
11. Studied Tamil as one of the Subject in 10 th Std						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						

12. Qualifying Examination +2 (HSC) passed	
With Subjects :	
Biology <input type="checkbox"/>	Botany <input type="checkbox"/>
Zoology <input type="checkbox"/>	
Document to be enclosed (Tick the Box)	
Copy of Mark statement/ Grade (10 th & 12 th Std)	
Copy of community certificate , Transfer Certificate	
Two self-addressed stamped envelope for Rs 10 each 27 x 11 CM	
Application Fee: Rs. 500/. By Cash / Demand Draft (DD) - in favor of Water, Sanitation and Hygiene Institute payable at Dindigul	
Two copies of Recent Passport size Photos	

DECLARATION BY THE APPLICANT

I declare that the entries made by me and the documents submitted in support of the information furnished by me in the application form are true in all respects and in case any entry or information or document is found to be false, this shall entail automatic cancellation of my admission besides rendering me liable to such action as the Institute may deem proper. I note that my admission to the Institute and my continuance on its roll are subject to the provisions of the Institute rules and instructions, which are issued from time to time. I shall abide by the rules of discipline and proper conduct, which are framed in this regard.

Place:

Date:

SIGNATURE OF THE APPLICANT

DECLARATION BY THE PARENT / GUARDIAN

Particulars given above are correct and, I declare that my Son / Daughter will abide by the rules of the Institute/ concerned GO, if admitted.

Place:

Date:

SIGNATURE OF THE PARENT/GUARDIAN

Sponsorship Certificate (if applicable)

I declare that the candidate is sponsored by me is a regular employee. I am also enclosing the proof of appointment indicating the duration.

Place:

Date:

Seal:

SIGNATURE OF THE SPONSORING AUTHORITY

Name of the Authority _____

DD/ Bank Details	For Office Use		
Name of the Bank :_ DD No	Application received date : _____		
: _____	Copy of Mark statement enclosed	Yes	No
Date of DD : _____	Copy of community certificate & TC enclosed	Yes	No
Amount : _____	Cash received / DD enclosed	Yes	No
	All the information filled in application	Yes	No

	Two self-addressed, stamped covers	Yes	No
--	------------------------------------	-----	----

