



Water, Sanitation and Hygiene Institute (WASH Institute)

No. 1/20, Kathiranampatti Pirivu, Palani Road,
REDDIAR CHATRAM 624 622, Dindigul District, Tamil Nadu
Phone:0451-2554214, Mobile: 97882-80088. Email: courses@washinstitute.org

(Affix Passport size Photo with signature)

APPLICATION FOR ADMISSION – 2023-2024 One-year PG Diploma in Sanitary Inspector`s Course

(Madurai Kamaraj University Affiliation No.CDC-1/Affiliation /04/ 2018-19 dated 24.07.2018)

(Employment code No: 08930)

1	Name of the Candidate (Write in CAPITAL letters)														
2	Name of Father / Husband / Guardian														
3	Date of Birth			Date	Month	Year	Completed age (as on 5.4.2023)								
							years								
4	Gender			Male		Female									
5	Nationality														
6	Religion														
7	Caste (Please tick the appropriate box)			OC	BC	MBC	MBC DNC	SC	SC (Arunthathiar)	ST					
8	Communication Address with PIN Code														
	E mail ID														
9	Permanent Address with PIN code														
10	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"/>
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11. Name of the Qualifying Degree with Subject and Percentage University Studied : _____

College studied	:	_____
Degree	:	_____
Major	:	_____
Ancillary:	1.	_____
	2.	_____
Whether the students have passed in all semesters? Yes / No Percentage of Marks :		

Documents to be enclosed (Tick the Box)

Copy of Mark statement/ Grade	
Copy of community certificate / Transfer Certificate	
Two self-addressed stamped envelope for Rs 10 each : Cover Size 27 x 11 CM	
Cash / Demand Draft (DD) for Rs.500/- in favour 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, 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 enclosed	Yes	No
:	_____	Cash received / DD enclosed	Yes	No
Amount	:	All the information filled in application	Yes	No
:	_____	Two self-addressed, stamped covers	Yes	No