

Water, Sanitation and Hygiene Institute (WASH Institute)

No. 1/20, Kathiranampatti Pirivu, Palani Road, REDDIAR CHATRAM -624622 Dindigul District, Tamil Nadu. Phone:0451-2554214, Mobile: 9788280088. Email: courses@washinstitute.org,Website: www. washinstitute.org. (Affix Passport size Photo with signature)

APPLICATION FORADMISSION - 2024-2026

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	ne of Father/Guardian								
3	Date of Birth		Date Month			Year Completed age (as on 01.04.2024			24)	
							years			
4	Nationality									
5	Religion									
6	Caste (Please tick the appropriate box)		BC	MBC	DNC	SC		С	ST	
		OC			Dire	20	(Arunt	hathiar)		
7	Communication Address with PIN Code									
	Mail ID									
8	Permanent Address with PIN code									
9	Contact mobile number &	Stud		lent	Fa	Father/Guardian		Mother/Guardian		1
	Land Line with STD Code No									

10. Educational Qualification	HSC	BSc	Others	
(Please tick the appropriate box)				
11. Studied Tamil as one of the Subject in 10 th Std	Yes	 No		

12. Qualifying Examination +2 (HSC) passed							
With Subjects :							
Biology Botany Zoology							
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 arecorrect and, Ideclarethat mySon / Daughter will abide bythe rules of the Institute/ concerned GO, ifadmitted.

Date:

Dlaca

Place:

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.

Date:	Seal:		SIGNATURE OF THE SPONSORING AUTHORITY Name of the Authority					
Name of the Bank	DD/ Bank Details		For Office Use 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			