



Water, Sanitation and Hygiene Institute (WASH Institute)

No. 1/20, Kathiranampatti Pirivu, Palani Road, REDDIARCHATRAM -624622
Dindigul District, Tamil Nadu. Phone:0451-2554214, Mobile: 9788280088,
7695843046

Email: courses@washinstitute.org, Website: www.washinstitute.org.

APPLICATION FOR ADMISSION – 2025-2027

(Affix Passport
size Photo with
signature)

Two Years Diploma in Health Inspector/ Sanitary Inspector/ Health Worker (MALE) Course (Employment Code No: 08930)

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 01.04.2025)								
							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						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 envelopes 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
:	_____	Cash received / DD enclosed	Yes No
Amount	:	All the information filled in application	Yes No
:	_____	Two self-addressed, stamped covers	Yes No

