



WHO Collaborating Centre for Research, Education & Training in Diabetes

Application for M.Sc. Clinical Nutrition

Name : _____
(as per records)

Expansion of Initials : _____

Age and Date of Birth : _____

Community : _____ Religion : _____

Nationality : _____

Identification Marks : _____

Father's Name : _____ Mobile : _____

Mother's Name : _____ Mobile : _____

Permanent Address : _____

Present Address : _____

Qualifying Exams Passed _____

Exam	Subject (Major)	Year of Passing	% Marks	Class	Name of Institution & Address

Medium of Instruction : _____

Extra Curricular Activities : _____

Languages	Speak	Read	Write

Family Details

Family Members	Age	Educational Qualification	Occupation

Guardian Name (if outstation Candidate) _____

Guardian's Relationship _____

Address of Local Guardian: Office & Phone no _____

Residence Address & Phone no _____

Reason for Choosing this Course _____

Undertaking :

I.....hereby declare that the above details are true and correct to the best of my knowledge.

Signature of Parent

Signature of Applicant

Date : _____ Place : _____

Checklist:

Xerox copies of Documents to be attached to the filled in application form:

1. +2 Mark Sheet
2. B.Sc.Degree Certificate
3. B.Sc. Mark sheet
4. Transfer Certificate
5. Conduct Certificate
6. Proof of Address
7. Community Certificate
8. 3 Passport Size Photographs
9. Father's Photograph
10. Mother's Photograph
11. Guardian's Photograph (if applicable)