

Enclosure (Xerox copy only)

1. Class X Mark Sheet
2. Class XII Mark Sheet
3. Transfer Certificate
4. Community Certificate
5. 3 copies of recent passport size photograph

DECLARATION

We certify that the information in the Application given by us is accurate, complete and honestly presented. We understand and agree that any inaccurate information and misleading information will be a cause for the withdrawal of any offer for admission or for disciplinary action or revocation of certificates or any award if discovered at a later date.

Signature of the Parent
Date:

Signature of the candidate
Date:

FOR OFFICE USE ONLY	
Certificate Verification Verification Officer	HOD's Remark Department:
Office Admin Admission No. : Office Administrator	Authority's order Authority

Terms and Conditions – Training Of Masseur Therapist

1. Candidates will be selected based on the performance in Written Test followed by personal interview.
2. SJSACH will conduct training for selected candidates.
3. The duration of the training will be two years from the date of commencement with one year training followed by one year internship.
4. No leave will be admissible during the training period.
5. There is no course fee; the training program is entirely in hospital; Monthly Stipend of Rs. 1,000 with one midday meal free.
6. After successfully completing the internship, candidates should agree to serve anywhere in SJSACH for a period of two years.
7. Candidates are to conduct themselves in a disciplined manner and conform to all rules and regulations of the Hospital.
8. Throughout the entire course, cell phones are not allowed. The receptionist will have a landline or mobile phone number on which calls from parents can be received at a predetermined time that will be made known.
9. Any acts of indiscipline or misconduct whether within the Hospital or outside will render a candidate liable to disciplinary action which could, in extreme cases, lead to termination of training.
10. If a candidate resigns before the two-year training period, the hospital will collect the training costs on pro-rated basis.

The above terms and conditions are understood and accepted by us

Signature of Parent
Name:

Signature of Candidate
Name: