International Center for Cardiovascular & Thoracic Diseases

(A Unit of Frontier Lifeline Pvt. Ltd.)

R 30 C, Ambattur Estate Road, Mogappair, Chennai – 600 101.

Phone: 044 - 495 395 00, 044 – 4201 7575

Email: academic@frontierlifeline.com

Website: www.frontierlifeline.com, www. frontiermediville.com

Courses Offered

(Tick in the required course box)

Affix
Passport size
Photograph

UG Course

The Tamil Nadu Dr. MGR medical University		
1.	B.Sc Physician Assistant	
2.	B.Sc Cardiac Care Technology	
3.	B.Sc Cardio Pulmonary and Perfusion Care Technology	
Hindustan University		
4.	B.Sc Anaesthesia Technology	
5.	B.Sc Cardio Vascular Technology	
6.	B.Sc Perfusion Technology	
7.	B.Sc Clinical Physician Associate	

APPLICATION FOR ADMISSION

(To be filled by the candidate in English in his/her hand-writing. Study the prospectus before filling in the application)

Application No: ……

1. NAME OF THE CANDIDATE:

(In full and in block letters as entered in H.S.C. certificate)

2. Date of Birth ☐☐ ☐☐ ☐☐☐☐ **Age (in years): ---------- Nationality: ----------**

3. Community **OC** ☐ **BC/DNC** ☐ **SC/ST** ☐ **Others** ☐ **Specify** ☐

4. Religion & Community ----------

5. Sex: **Male** ☐ **Female** ☐

6. Physical Condition: Normal / Disabled **If disabled -------Vision** ☐ **Hearing** ☐

7. Blood Group: ----------

8. Details of Parents:

A. Father Name: ---------- Phone No: ---------- Email Id: ----------

B.Mother Name: ---------- Phone No: ---------- Email Id: ----------

9. Contact Details of Applicant:

Address for communication:		**Permanent Address:**	
City:	**Pin Code**	**City:**	**Pin Code**
State:		**State:**	
Telephone Number	**Mobile Number**	**Email Id:**	

10. Details of the School / College last Studied:

a. Name of the School / College with address: …….

b. Name of the Board of Education: CBSE ☐ State Board ☐ ISC ☐ Others Specify …….

c. Medium of Instruction: …….

d. Extra-Curricular Activities participated: Sports / NSS / NCC / Others (Specify): ……..

11. Details of Marks Obtained:

	Subjects	Marks Obtained	Max Marks	Month / Year of Passing	No of Attempts
Subject I					
Subject II					
Subject III					
Subject IV					
Subject V					
Subject VI					
Total					

INSTRUCTIONS

1. Please fill in with tick mark wherever applicable.
2. Applications must be complete in all respects. Incomplete Applications will be rejected.
3. In the case of students withdrawing from Programs after admission, **NO REFUND** OF FEES will be made by the Institution under any circumstance.
4. Xerox Copies of all mark sheets/certificates, self-attested, to be attached.
5. Cost of Application form & Prospectus is Rs.1000/- to be paid by DD in favour of **Frontier Lifeline Pvt Ltd.**

Filled in Application may be sent to:

Academics
Frontier Lifeline Hospital
Dr. K.M.Cherian Heart Foundation
R- 30C, Ambattur Industrial Estate Road,
Chennai – 600 101.

IMPORTANT DATES:

Last Date of receipt of completed application forms to be sent	: 20th May, 2024
Written test/interview dates	: 27th May, 2024
Date of reporting for admission/Orientation	: Aug 1st Week, 2024
Commencement of courses	: TBD (As per University)

Declaration by the candidate:

I declare that all the foregoing statements made in this application are true and that the rules of the university and the college will be followed on admission. I accept that any statement made in this application, if found incorrect on scrutiny, will render the application liable for rejection and admission, if granted on basis of such incorrect information, will stand cancelled.

Date:

Place:

Signature of Parent / Guardian **Signature of Applicant**