



CHRISTIAN MEDICAL COLLEGE VELLORE  
DEPARTMENT OF BIOMEIDCAL ENGINEERING

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recent  
Photograph  
in passport size

APPLICATION FORM FOR OBSERVATION / TRAINING IN BIOMEDICAL ENGINEERING  
(All details are mandatorily to be filled)

|   |  |   |                |
|---|--|---|----------------|
| 1.  | Name (in BLOCK Letters)  |   |                |
| 2.  | Date of Birth & Age:   | DD/MM/YYYY  |                |
| 3.  | Gender   | Male / Female   |                |
| 4.  | Address for Communication  |   |                |
| 5.  | Mobile Number of Applicant & Parent  |   |                |
| 6.  | Email ID   |   |                |
| 7.  | Applicant Category   | Student / Working Professional                                  |                |
| 8.  | Educational / Employment Organization category   | Mission network / Private / Government                          |                |
| 9.  | Educational Qualification  | Diploma / B.E. / B. Tech / M.E. / M. Tech                       |                |
| 10.   | Year of Education  | 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup> / Completed |                |
| 11.   | Specialization / Designation & Institution Name  |   |                |
| 12.   | Years of Experience  |   |                |
| 13.   | Observation / Training Period required (in weeks)  | 1 week / 2 weeks / 3 weeks / 4 weeks (max)                      |                |
| 14.   | Have you undergone any training or internship at CMC Biomedical Engineering in the past? |   |                |
| 15.   | Is any staff member or student of CMC past or present related to you?                    | Yes / No  |                |
| 16.   | If yes, Name, Emp. No & Relationship   |   |                |
| 17.   | Emergency Contact details (Name, Address & Phone no)                                     |   |                |
| 18.   | Local Guardian Details (if any)  |   |                |
| 19.   | Kindly provide two references with contact details below                                 |   |                |
|   | Name, Designation  | Address   | Phone / Mobile |
| 1.  |  |   |                |
| 2.  |  |   |                |
| I declare that all information I filled in this Application form is correct. I understand that falsification of data will result in automatic disqualification. |  |   |                |
| Place:  |  | Signature of Applicant  |                |
| Date: DD/MM/YYYY  |  |   |                |

Application Considered / Not Considered

Head, Biomedical Engineering

General Superintendent

Terms & Conditions

- 1. Applicants holding or pursuing a Diploma / B.E. /B. Tech / PG Diploma/ M.E./ M. Tech in Electronics / Biomedical / Instrumentation Engineering or equivalent qualification
- 2. Shortlisting of applicants to observation/ internship/ training is at the sole discretion by the Management of CMC
- 3. **Accommodation will not be provided** to the applicants and they have to make their own arrangements.
- 4. Completion Certificate **will be provided to those who fulfil the department requirements.**