



DIVINE INSTITUTE OF MEDICAL SCIENCE & RESEARCH

APPLICATION FORM FOR PARAMEDICAL COURSES

(To be filled in by candidate's own handwriting)

PHOTOGRAPH
OF
CANDIDATE

1. FULL NAME OF APPLICANT RECORDED IN THE
H.S.C OR EQUIVALENT CERTIFICATE
(IN BLOCK LETTER).....

2. COURSES APPLY FOR: - B.SC. IN MEDICAL LABORATORY TECHNOLOGY (BMLT)
 B.SC. IN OPERATION THEATRE TECHNOLOGY (BOTT)
 CERTIFIED OT TECHNICIAN (COTT)
 CERTIFIED DIALYSIS TECHNICIAN (CDT)
 CERTIFIED NEURO TECHNICIAN (CNT)
 CERTIFIED ECG TECHNICIAN (CECGT)
 CERTIFIED WARD TECHNICIAN (CWT`)

3. CATEGORY CLAIMED: - GENERAL S.C. S.T. P.H.

4. DATE OF BIRTH:-.....

5. NATIONALITY:-..... 6. RELIGION: -.....

7. GENDER:- MALE FEMALE OTHERS

8. MARITAL STATUS :- MARRIED UNMARRIED DIVORCED

9. HIGHEST EDUCATION QUALIFICATION:-.....

10. PERMANET HOME ADDRESS: -.....
.....
.....

MOB:-..... PIN: -.....

11. PRESENT HOME ADDRESS: -.....
.....
.....

MOB:-..... PIN: -.....

12. E-MAIL ID:-.....

13. FATHER/ HUSBAND NAME:-.....

14. FATHER/ HUSBAND MOB NO: -.....

15. ACCADEMIC DETAILS:-

SLNO	NAME OF THE EXAMN.	SUBJECT	NAME OF BOARD/ COUNCEL	NAME OF THE SCHOOL / COLLEGE	YEAR OF PASSING	TOTAL MARK	SECURED MARK
1	H.S.C OR ITS EQUIVALENT	ALL					
2	+2 OR ITS EQUIVALENT						

15. DOCUMENTS & CERTIFICATE ENCLOSED

- Self attested True copy of passing certificate of H.S.C. examination.
- Self attested True copy of Mark sheet of H.S.C. examination.
- Self attested True copy of passing certificate of +2 examinations.
- Self attested True copy of Mark sheet certificate of +2 examinations.
- Self attested True copy of conduct /character certificate issued by Principle/Headmaster of your last institution.
- Self attested True copy of category claimed (S.T. /S.C. /P.H.).
- Four recent passport size photographs.
- Self attested True copy of Aadhar card.

16. DECLARATION:-

I declared that above statement of particular furnished by me are true in all respect and such as, I undertake that if subsequently, I will be found to give wrong information , then my name will be removed from the college in addition to whatever legal action that may be taken against me . I agree to abide by the rule of the college.

Full Signature of the Applicant

Name.....

Date.....