

APPLICATION FOR ADMISSION TO UG Allied Health Sciences

Course:

Academic year:

	First year	Lateral Entry to 2nd year
1. B.Sc. Renal Dialysis Technology	<input type="checkbox"/>	<input type="checkbox"/>
2. B.Sc. Anaesthesia Technology	<input type="checkbox"/>	<input type="checkbox"/>
3. B. Sc. Operation Theatre Technology	<input type="checkbox"/>	<input type="checkbox"/>
4. B.Sc. Cardiac Care Technology	<input type="checkbox"/>	<input type="checkbox"/>
5. B. Sc. Perfusion Technology	<input type="checkbox"/>	<input type="checkbox"/>
6. B. Sc. Medical Imaging Technology <small>(Mathematics is must in 12th class)</small>	<input type="checkbox"/>	<input type="checkbox"/>

Affix Passport
Size Photograph

II. Particulars of the Candidate:

Name of the candidate: Gender: Male / Female
 /

Date of Birth: .../.../..... Age: Mother Tongue:

Nationality :(Indian/ NRI / SAARC/ Foreign) Religion:

Permanent Address:

Correspondence Address:

Contact Nos. : - Mobile (Candidate):
 Father's / Mother's /

Details of Qualifying Exams :

- SSLC English Medium
- PUC PCB/ PCMB
- CBSE
- ICSE

Marks obtained in qualifying examination:

• **SSLC:**

Subject	Max. Marks	Secured Marks	Percentage
English			

• **PUC :**

Subject	Max. Marks	Secured Marks	Percentage
English			
Physics			
Chemistry			
Biology (Botany/Zoology)			
Mathematics <small>(for Radiology course only)</small>			

• **DIPLOMA Course:**

Subject	Max. Marks	Secured Marks	Percentage

The following documents to be enclosed along with 5 recent passport Size Photographs

SSLC / PUC Marks Card & Certificates

 Y

 N

Migration Certificate

 Y

 N

Eligibility Certificate

 Y

 N

Transfer Certificate

 Y

 N

Conduct Certificate

 Y

 N

Medical Fitness Certificate

 Y

 N

Certificate of Vaccination

 Y

 N

Passport Copy

 Y

 N

Declaration: - *This is to declare that the information furnished above is true to best my knowledge and if it is found false, I am liable for prosecution or punishment as prescribed by the higher authorities.*

Date:

Signature of Candidate

Place:

.....
Signature of Parents/ Guardian

FOR OFFICIAL USE

Fee Paid Receipt No.:..... **Date:** **Amount:**

Please admit the candidate to **B.Sc.** **course** for the academic year

.....

Date:

Signature of Authorized Authority

Place:

Signature of the Principal