## DHARMSINH DESAI UNIVERSITY



B.Sc.

**Medical Technology** 

**Specialization** 

Application Form for Undergraduate Courses of Medical Technology

Operation Theatre &

Anaesthesia

Technology

## Instructions:

- 1. Students should carefully read the rules for admission contained in the prospectus before submitting the Application Form.
- 2. Every entry in the form must be completed. Incomplete applications are liable to be rejected.

Medical Laboratory

Technology

- 3. No Application for admission will be considered unless it is accompanied by the attachments of necessary documents along with Fee paid Receipt as specified.
- 4. Please mention your choice of course-specialization, admission will however be offered depending on the availability of seats.

Please affix Your Recent Passport size Photograph

Radiography and

Medical Imaging

Technology

## Course Code:

Course Code	MLT	OTAT	RMIT						
Name of Choice of Course-specialization for Admission:									
2. Personal Details: Name:									
Birth date:	Age:	Gender:Male/Female							
Address for Communication:									
Pin code:	Dist	State:							
Contact No.(R)		(Mobile)							
Email:									
Parent's Details:     a. Father's Name:									
(Mobile)Email:									
b. Mother's Name:									
(Mobile)	E	mail:							

Details of Qualifying Examination:

Exam	Year of Passing	Board of Examination	Total of 10 <sup>TH</sup> – (Maths/Sci) 12 <sup>TH</sup> -(PCM/PCB)	% of 10 <sup>TH</sup> – (Maths/Sci) 12 <sup>TH</sup> -(PCM/PCB)
S.S.C. (Std10 <sup>th</sup> )				
H.S.C. (Std12 <sup>th</sup> )				

	E	Exam	Year of Passing	Board of Examination	12 <sup>TH</sup> -(PCM/PCB)	12 <sup>TH</sup> -(PCM/PCB)
					12(FCIVI/FCB)	12(FGIVI/FGB)
S	S.S.C	c. (Std10 <sup>th</sup> )				
H	l.S.C	c. (Std12 <sup>th</sup> )				
			l			
				<u>UNDERTAKING</u>		
hav	e rea	ad & understo	od the terms for the adr	mission and agreed to abide	by the same and in ca	ase of any incorrect
nfoi	mati	on on my part	, I am liable to be discor	ntinued from the college and	all the fees will be forf	eited. I also hereby
agre	e, if	admitted, to	confirm to rules & regu	ulations at present in force	or that may hereafte	er be made for the
jove	ernar	nce of the cou	rse.			
Dlac	-Δ.		Doto	3.	(Signature o	of the Candidata)
idu	ce: Date: (S		(Signature (	(Signature of the Candidate)		
1 ^	ttaah	ments:				
			araga e	Description		
۱.				Receipt No		
).	Self	-attested copi				1
	1	Attachments	Y/N	<u> </u>		
	1	Marks Shee	t of S.S.C. (Std. 10 <sup>th</sup> )			
	2	Mark Sheet	of H.S.C. (Std.12 <sup>th</sup> )			
	3	School Leav	ving Certificate			
	4	Character &	Attempt Certificates fro	ast attended		
	5	Receipt of A	application fees			
	6	Copy of add	lress proof (aadhar)			
For	Offic	ce Use Only	:			
			1	-		
uth	orise	ed sign :				
auı	J110C	oigii.				
					<del></del>	
lr./N	/ls.			ha	as submitted form o	n//
ith	VIde	e Keceipt no	•			