

Smt. L P Patel Institute of Medical Laboratory Technology

Shree Krishna Hospital & Pramukhswami Medical College

Gokal Nagar, Karamsad - 388 325, Dist. Anand (Gujarat)

Phone: (02692) 222130/222567 • Fax: 223466 • www.charutarhealth.org



Application Form for Undergraduate Course

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.
3. No Application for admission will be considered unless it is accompanied by the attachments of necessary documents as specified.
4. Please mention your choice of course-specialization in order of your priority; you may mention as many choices as you wish, admission will however be offered depending on the availability of seats.

Please affix your
Passport size
Photograph

Course Code:

B.Sc.-Medical Technology specialization	Clinical Laboratory Technology	Imaging Technology	Respiratory Care Technology	Operation Theatre & Anaesthesia Technology	Radiotherapy Technology
Course Code	CLT	IMT	RCT	OTAT	RTT

Order of choice of course-specialization for admission:

Order of Priority for admission	Course Code
1	
2	
3	
4	
5	

1. Name: _____

2. Date of Birth: _____ Age: _____ Gender: Male / Female

3. Address for Communication: _____

Pin code: _____ Dist.: _____ State: _____

Contact No.(R): _____ (Mobile): _____

E mail: _____

4. Details of Qualifying Examination:

Exam	Subjects	Board of Examination	Year of Passing	% Marks (Total of Phy. Chem & Biol. only)
S.S.C. (Std 10 th)				
H.S.C. (Std 12 th)				

UNDERTAKING

I have read and understood the terms for the admission and agreed to abide by the same and in case of any incorrect information on my part, I am liable to be discontinued from the college and all the fees will be forfeited. I also hereby agree, if admitted, to conform to rules & regulations at present in force or that may hereafter be made for the governance of the course.

Place : _____

Date : _____

(Signature of the candidate)

5. **Attachments:**

- a. Demand Draft / at-par cheque (subject to realization) No. _____ issued on the (Name of Bank) _____ of Rs. 300/- (Rupees three Hundred Only) in favour of "Charutar Arogya Mandal" payable at Anand. **(Only with downloaded form)**
- b. Self attested copies of
 - i. Marks Sheet of S.S.C. (Std. 10th)
 - ii. Mark Sheet of H.S.C. (Std.12th)
 - iii. School Leaving Certificate
 - iv. Character & Attempt Certificates from Principal of the school last attended

FOR OFFICE USE ONLY

Application Inward No./Date	Eligibility	Status	Remark