



SAMARITAN INSTITUTE OF PARAMEDICAL SCIENCES

Pazhanganad, Kizhakkambalam

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APPLICATION FORM FOR BSc. MEDICAL LABORATORY TECHNOLOGY

(Courses approved by KERALA UNIVERSITY OF HEALTH SCIENCES - KUHS)

Academic Year – 2023-24

Application no:

Paste your recent
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photograph here

Seat applied: Government Management

1. Name of the Applicant : -----
(In block letters entered in 10th standard certificate)

2. Name of Parent / Guardian : -----

3. Relation with Applicant : -----

4. Date of Birth (DD/MM/YYYY) : -----

5. Gender: Male Female Other

6. Marital Status: Single Married

7. Religion: ----- Caste: -----

8. Physically handicapped: Yes NO

9. Address:

Permanent Address	Present Address (for communication)
 Mob No:.....	 Mob No:.....

10. Email Address of the Applicant : -----

11. Father's Name & Occupation : -----

12. Mother's Name & Occupation : -----

13. Parent's / Guardian's Mobile Number: -----

14. Name of the institution last Studied : -----

15. Annual Family Income : Rs -----

16. Educational Qualification:

Course	Name of Institution	Name of Examination/ Board	Registration Number	Year of passing	% of Marks
SSLC					
Plus 2					
Others (if any)					

17. Plus-two Marks:

Subject	Maximum Marks	Marks Awarded	% of Marks
Physics			
Chemistry			
Biology			
Total			
English			

Documents to be Submitted:

- Copy of Mark lists of qualifying examination (self-attested).
- Copy of SSLC Certificate (self-attested).
- Copy of the Course & Conduct Certificate from the Institution last studied.
- Copy of Transfer Certificate

Joint Declaration by the Applicant & Parent/ Guardian:

We, (Applicant) & (Parent/ Guardian) do hereby declare that all the information furnished above is true and correct and we will obey the rules and regulations of the institution, if admitted. We promise to submit all certificates and documents in original at the time of admission failing which the admission will be liable for cancellation.

Name & Signature of Applicant

Name & Signature of Parent / Guardian

Place:

Date:

Details of Application Fee enclosed:

DD No/RECEIPT NO	Date	Name of Bank	Name of Branch	Amount (Rs.)

For Office Use Only

Received the application on:.....time:..... Course Selected for:.....Index

Marks:..... Rank No.:..... Admission No. :.....

Acknowledgement with an application number received: yes No