

APPLICATION FORM

**CERTIFICATE COURSE OF MEDICAL LABORATORY
TECHNOLOGY**

(GUJARAT UNIVERSITY RECOGNISED)

Name of Student: _____

(BLOCK LETTER) _____

(Name as per B.Sc Marksheet)

Address (As Per Aadhar card) _____

_____ Pin code : _____

Contact No. (Mobile): _____ 1 _____

Emergency Contact No: _____

Email (IN Capital Letters) _____

Date of Birth. _____, Age: _____ (Completed Years)

Sex: _____ Marital Status _____ Blood Group _____

PAN No: _____, Aadhar Card No: _____

RECENT PASSPORT SIZE
PHOTOGRAPH

Sr No.	Course / Examinations	Month & Year Of Passing	Board & University	Total Marks	(%)	Attempt	Office Use
1	12 STD						
2	Third Year B:Sc						

Language	Speak	Read	Write
Gujarati			
Hindi			
English			

Language Known:

➤ **Documents Submitted (Tick mark attached one)**

Sr No	Name Of Documents	Tick
1	School Leaving Certificate/Birth Certificate	
2	Higher Secondary Attempt Certificate	
3	I st , II nd and III rd Year B.Sc Mark sheet	
4	Attempt Certificate	
5	B. Sc Degree Certificate	
6	Graduation Marksheet	
7	Post Graduation Degree Certificate	
8	Permanent Address Proof	
9	Adhar card	

UNDERTAKING

➤ I, _____ (name)
hereby solemnly declare that all information furnished and enclosures given in this application are true and complete to the best of my knowledge and belief. I am also aware that if any statement made herein is found to be incorrect at any time either before or after admission, I will be liable to forfeit my seat and/or removal from the rolls of the college at whatever stage of study I may be, besides making me liable for criminal prosecution.

Place:
Date:
Student

Name & Signature of

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