

ST. JOSEPH'S PARAMEDICAL INSTITUTE

Mariam Nagar, Meerut Road Ghaziabad – 201003 (UP)



APPLICATION FOR ADMISSION IN DIPLOMA IN LAB TECHNICIAN (DMLT)

(It must be filled by the Applicant in his/her own Hand Writing)

1.	Name of the Applicant					
	(In Block Letters)			Recent passport		
	E-mail ID			size photo is to		
	Mobile No			be pasted here		
2.	Father's Name					
3.	Permanent Address					
	Father's Mobile No		Pin Code			
4.	Name of the Guardian					
5.	Address of the Guardian					
	Guardian Mobile NoPin Code					
6.	Relationship with Father/Guardian					
7.						
8.	Occupation of the Father/Guardian Date of Birth of the Applicant Nationality State					
9.	NationalityState					
10.	10. HeightCm			ntKg		
11.	. Religion					
12.	Category					
13.	3. In case Christian Parish.					
	For Religious Sister only: -					
	(ii) Name of the Congregation					
	(iii) Provincial Name & Address					
14.	14. Educational Qualification					
15.	Details of Educational Quali	fication				
SI.		High School	Inter/Higher	Any other		
No.			Secondary	Qualification		
1.	Name of the Institution and Address where you Studied					
2.	Duration of the Course					

3.	Medium of Instruction						
4.	Number of Attempt						
5.	Year of Passing						
6.	Registration Number						
7.	Total Marks and Percentage						
8.	Subjects you Studied						
16	16. Your Extracurricular Activities:-						
17. Are you Enrolled in any other studies during this years							
18	. Do you know English:-						
	To read	.To write	To follow lecture	,			
19. How have you been occupied during the last 2 years?							
20. Name and Address of two persons who will be responsible for you and we can contact							
	emergency other than your Guardian. (1)						
			k.)				
		13					
21. State in your words why you wish to join D.M.L.T. Course.							
22	2. Have you enclosed all the documents as mentioned in the prospectus?						
	<u>DECL</u>	ARATION BY THE A	<u>APPLICANT</u>				
1.	(Name)	· · · · · · · · · · · · · · · · · · ·		*			
	prospectus, that I have no disqualifying physical or mental disabilities and that the statements						
	made by me in this application and the documents forwarded with are true to the best of reknowledge and belief. Further I promise to abide by the rules and regulations of the institution						
	Date	-	andidate				
	<u>DECLA</u>	KATION BY THE PA	ARENT/ GUARDIAN				
2.	(Name)						
	the event of the above appli		undertake to pay regula	rry of the fees and			

Date	Signature of Parent/ Guardian

