

## **DIVINE MOTHER COLLEGE**

25, Ellaiyamman Koil St. Korkadu, Villianur, Puducherry – 605 110. 0413 – 2661490, 2661499, 9345723878

## **APPLICATION FORM**

Affix recent

passport size

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**APPLICATION FOR ADMISSION TO** 

1. B.Sc. (M.L.T)

2. B.Sc. (OT -Tech)

- 3. B.Sc. (Medical Microbiology) 4 B.Sc.(Dialysis Tech)
- 5 B.Sc –Lateral Entry (MLT/OT Tech/Dialysis) 6. M.Sc (MLT/Medical Micro

Name of the Candidate (in Block Letters)	
Date of Birth	
Sex	
Nationality & Religion	
Community	OC BC MBC SC ST
Physically challenged	YES NO
Native Place	
Name of the Parent / Guardian	1. Father / Guardian : 2. Mother :
Occupation of the Parent / Guardian	<ol> <li>Father / Guardian</li> <li>Mother</li> </ol>
Annual income per year	Rs.
Permanent Address	
Phone / Mobile No.	
Present Address (for communication)	
Phone / Mobile No.	

Marks obtained in the Qualifying Exam (enclose Xerox copy of mark statement)

10 std		12 std		UG
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SI No.	Subjects	Marks Scored	Maximum marks	% of marks
	Total			

:

Total Percentage of Marks :

Signature of Certifying Officer with seal

Signature of Parent/ Guardian

Course :

If already Studied in any institution / College, furnish details

Institution name	:
Year	:
Reason for leaving	:

## **DECLARATION OF THE PARENT / GUARDIAN / APPLICATION**

I declare that the particulars given above are correct to the best of my knowledge and that I will, if admitted abide by rules and regulations of the College.

I am aware that admission obtained on false information by suppression of facts, will be cancelled on detection at any time.

I hereby declare that my son/daughter will keep up the promise he/she has made above and that if he/she fails in any respect, the Institute authorities can take disciplinary action, by which I will abide.

Place :

Date :

Signature of Applicant

## (FOR OFFICE USE ONLY)

Admitted in Course Name:

	Head of the Admission Committee		
		Date:	
Certificates	Whether	enclosed	Xerox / Original
1. Transfer Certificate	Yes	No	
2. Mark Statements	Yes	No	
3. Community Certificate	Yes	No	
4. Any others (if yes, specify)			