



SACRED HEART PARAMEDICAL COLLEGE

1006, Karaikkal Road, Muthaiyapillaimandabam, Sakkottai (po), Kumbakonam (tk), Thanjavur (dt)-612401 Phone: 0435-2410180, 2410181, Mobile : 9894204513

# APPLICATION FOR ADMISSION TO DMLT (Diploma in Medical Laboratory Technology)

- 1. Read all instructions carefully before you start filling in the application form.
- The applicant should provide correct information. If it is found incorrect, the candidate will be forced to forfeit the admission at any stage of the course. Legal action will be instituted against the candidate

Photo

3. Only the candidate should fill in the application form

#### (To be filled in by the candidate in her own handwriting)

<ol> <li>Name of the Applicant (IN BLOCK LETTERS as given in school records)</li> </ol>	:
2. Age & D.O.B (As per HSc Mark sheet/TC)	:
3. Gender	: Female
4. Religion	:
5. Community ( Name & Category )	:BC / MBC / SC / SCA / ST or OC
6. Nationality	:
7. Medium of instruction	:
8. Height in Cm	:
9. Weight in Kg	:
10. Blood Group	:
11. Name of the Parent/ Guardian	:
12. Occupation	:
13. Income	:
14. Address for Communication	:
	:
15. Contact Number	:

Qualification	Reg. No / Month & year of passing	Subjects in Higher Secondary	Marks allotted	Marks secured	School where studied	No.of Attempts
a. Higher Secondary		Physics				
		Chemistry				
		Botany				
		Zoology				
		Biology				
		Maths				
		Tamil				
		English				
		Vocational Nursing				
b. Others if any						

17. Extra curricular activities : (Sports, Games, N.C.C, N.S.S, Music, Dance, Etc. )

18. Catholic candidates are requested to enclose

a letter of recommendation from the parish priests :

Note: [Enclose the photo copies of the following documents in the given order]

- 1. S.S.L.C Mark Sheet
- 2. H.Sc Mark Sheet
- 3. TC
- 4. Community Certificate
- 5. Conduct Certificate
- 6. Medical Fitness
- 7. Blood group certificate

### **DECLARATION BY THE APPLICANT**

Place:\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate

## **DECLARATION BY THE PARENT/GUARDIAN**

Place:\_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian

## FOR OFFICE USE

The candidate is admitted to Two year DMLT course in \_\_\_\_\_(batch)

Date of admission: \_\_\_\_\_

Principal

Director