

For Office Use Only
Inward No: _____
Date: _____
Signature: _____

CAM Institute of Allied Health Science & Technology
Smt. L P Patel Institute of Medical Laboratory Technology

Gokal Nagar, Karamsad – 388 325, Dist. Anand (Gujarat)

Phone: (02692) 228492 / 228748

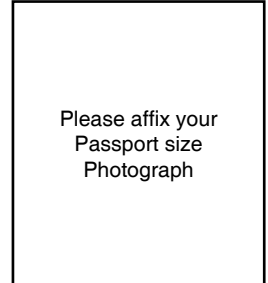
www.bhaikakauniv.edu.in



Application Form for Postgraduate Courses

Instructions:

1. Students should carefully read the rules for admission contained in the prospectus before submitting the Application Form.
2. Every entry in the form must be completed. Incomplete applications are liable to be rejected.
3. No Application for admission will be considered unless it is accompanied by the attachments of necessary documents as specified.
4. Please mention your choice of course-specialization in order of your priority; you may mention as many choices as you wish, admission will however be offered depending on the availability of seats.



Course Applied for: Please tick (✓) in the appropriate box

- Diploma in Med. Lab. Technology (DMLT)
- PG-Diploma in Clin. Dietetics (PG-DCD)
- PG-Diploma in Cardiac Care Technology (PG-DCCT)
- M.Sc. - Med. Technology (In Clin. Lab. Technology)
- M.Sc. - Med. Technology (In Perfusion Technology)
- M.Sc. - Radiography and Medical Imaging Technology

1. Name: _____

2. Date of Birth: _____ Age: _____ Gender: Male / Female

3. Address for Communication: _____

Pin code: _____ Dist.: _____ State: _____

Contact No.(R): _____ (Mobile): _____

E mail: _____

4. Details of Qualifying Examination (B.Sc.):

Principal Subject in B.Sc.	Year of Passing	University	Result of T.Y.B.Sc. (Final Year)
			Marks Obtained: _____
			Out of: _____
			Percentage: _____

UNDERTAKING

I have read and understood the terms for the admission and agreed to abide by the same and in case of any incorrect information on my part, I am liable to be discontinued from the college and all the fees will be forfeited. I also hereby agree, if admitted, to conform to rules & regulations at present in force or that may hereafter be made for the governance of the course.

Place: _____

Date: _____

(Signature of the candidate)

5. **Attachments:**

1. Demand Draft / at-par cheque (subject to realization) No. _____ issued on the (Name of Bank) _____ of Rs. 300/- (Rupees three Hundred Only) in favour of "Cam Institute of Allied Health Science and Technology" payable at Anand. **(Only with downloaded form)**
2. Self attested copies of
 - i. Marks Sheets of First, Second and Third Year B.Sc
 - ii. Attempt Certificates of First, Second and Third Year B.Sc
 - iii. School Leaving Certificate
 - iv. Degree Certificate / Passing Certificate
 - v. Aadhar Card

FOR OFFICE USE ONLY

Student: Eligible Not Eligible

Student: Admitted Not Admitted

Remarks (If any):

Date : _____

Signature of Incharge
Admission Committee