

# Devsthali (P.G) College of Biomedical Sciences & Research

Governed by Spark Educational and Medical Awareness Welfare Society  
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## Admission form (To be submitted at the time of admission)

1. (i) Name of Candidate ( **IN BLOCK LETTER**):.....

(ii) Aadhar No:.....

(iii) Course Applied for: **B.Sc MLT/ B.Sc MRIT/ B.Sc Optometry/B.Sc OTT/**

**Diploma In Dialysis** .....

2. Father's Name:.....

(i) Aadhar No:..... (ii) Occupation.....

3. Mother's Name:.....

(i) Aadhar No:..... (ii) Occupation.....

4. Date of Birth:..... 5. Nationality:..... 6. Religion:.....

7. Category..... 8. Apply for Scholarship: Yes/ No.....

9. Annual income. (i) Father..... (ii) Mother..... (iii) Gurdian.....

10. **Permanent Address:** .....

.....  
City/District..... Pin Code..... State.....

11. **Address for Correspondence:**.....

City/District..... PinCode..... State.....

12. **Contact Number:** i) Student..... ii) Father.....

iii) Mother..... iv) Guardian.....

13: **Educational Qualification:**

Sl.No	Name of Exam	Board/ University	Subject	Total Marks Obtained	Aggregate (%)
1.	Highschool (10 <sup>th</sup> )				
2	10+2 or equivalent (PCB/PCM/Any other)				
2.	Graduation				
3.	Post Graduation				
4.	Any other				

Affix recent coloured passport size photograph

**14. Local Guardian's (if any) Particular's**

- (i) Name.....(ii) Relation:.....  
(iii)Address:.....  
.....  
(iv)PhoneNumber.....E.mail.....  
**15..Extracurricular activity/ Hobbies.....**

**JOINT DECLARATION BY THE APPLICANT AND THE PARENT/GURDIAN**

1. I declare that I have carefully read the instructions given in information brochure and the entries made by me in this form are correct to the best of my knowledge and nothing has been concealed.
2. I undertake to observe proper standards of academic conduct.
3. I shall abide by the prescribed course of reading and the modes of examination which may prevail from time to time, even though these may be at variance with those of the previous years. It will be my whole responsibility to go through the course ordinances, which may be changed by the university from time to time.
4. I undertake to fulfill mandatory 75% attendance in the course of study, failing which I will not be allowed to appear in the Session / university examinations, since I would become eligible for the same.
5. I shall abide by the rules and regulation as given in the handbook of information or that may be framed by college/ university from time to time.
6. I shall faithfully carry out the instructions issued by the authorities of the college.
7. I hold myself responsible for dues and all other dues as per prescribed dates.
8. I understand that my admission is liable to be canceled if any of the statement furnished above by me is found to be incorrect and/ or I am found indulged in any illegal or in-disciplinary activities.
9. I understand that I cannot concurrently be enrolled for more than one full time course of studies.

**Place:**

**Date:**

**Signature of Applicant**

I certify that my son/ daughter/ ward is filling this application with my permission. I hold myself responsible for his/her good conduct and behaviour as student of the Devsthali (P.G) college of Biomedical Sciences & Technology and payment of all his /her fees during his / her stay in college.

**Signature of parent/ Guardian**

**Place:**

**Name.....**

**Date:**

**Address:**

**Enclosure:** 1 ..... 2 ..... 3 .....  
4 ..... 5 ..... 6 .....

**Documents Checked by..... Counter checked by.....**

**Signature of Department Head.....Signature by M.D/ Director.....**

