

**GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES**  
**Ahmedabad**

**APPLICATION FORM**

**POSTGRADUATE DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY**

APPLICATION NO. \_\_\_\_\_ }  
REGISTRATION NO. \_\_\_\_\_ } For Office  
Use Only

Affix your recent  
Passport size,  
color  
Photo here (with  
signature)

01. Name of the applicant (In Block Letters)  
*(Surname)*                                      *(Name)*                                      *(Father's / Husband's Name)*

\_\_\_\_\_

02. Date of birth \_\_\_\_\_ 03. Age \_\_\_\_\_

04. Gender \_\_\_\_\_ 05. Blood group \_\_\_\_\_

06. Nationality \_\_\_\_\_

07. Marital status \_\_\_\_\_

08. E-Mail ID \_\_\_\_\_

09. Phone No. (R.) \_\_\_\_\_ (M.) \_\_\_\_\_

10. Languages Known

<b>Languages</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>

11. Permanent Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Address for Communication \_\_\_\_\_

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13. Educational Qualification

<b>S N</b>	<b>Course of Study</b>	<b>Month &amp; Year of Passing</b>	<b>Name of College</b>	<b>Name of University</b>	<b>Aggregate marks (Write year wise marks)</b>	<b>Remarks</b>

14. Professional Experience

<b>Sr. No.</b>	<b>Name of Organization/Institute</b>	<b>Experience &amp; Designation</b>		<b>Date of Joining</b>	<b>Date of Relieving</b>	<b>Remarks</b>
		<b>Clinical</b>	<b>Teaching</b>			

Specify the clinical areas where you have worked \_\_\_\_\_

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15. Any Awards / Prizes Received \_\_\_\_\_  
\_\_\_\_\_

16. Details of Entrance Exam Fees Payment

A. D.D. / Receipt No. \_\_\_\_\_

B. Bank: \_\_\_\_\_ C. Date \_\_\_\_\_

D. Amount in Words \_\_\_\_\_

### **DECLARATION BY THE APPLICANT**

I \_\_\_\_\_ son / daughter of \_\_\_\_\_, hereby solemnly declare that all information furnished and enclosures given in this application are true and complete to the best of my knowledge and belief. I am also aware that if any statement made herein is found to be incorrect at any time either before or after admission, I will be liable to forfeit my seat and / or removal from the rolls of the College at whatever Stage of study I may be, besides making me liable for criminal prosecution.

**Place:**

**Date:**

**Signature of applicant**

### **Enclosures**

1. B.Sc. mark sheets of all three years
2. University Degree Certificate
3. School Leaving Certificate
4. Experience Certificate
5. Medical Fitness Certificate
6. Two passport size photographs
7. Migration Certificate (if applicable)

**CERTIFICATE BY THE PRESENT EMPLOYER**

(In case of candidate who is already in service)

This is to certify that we have no objection to the selection of

\_\_\_\_\_ to the **Postgraduate Diploma In Medical  
Laboratory Technology Course** of 1 year duration at IKDRC-ITS, a Constituent  
Institute of Gujarat University of Transplantation Sciences (GUTS), Ahmedabad,  
Gujarat, India.

**Signature of the employer  
with Office Stamp & date**

**MEDICAL FITNESS CERTIFICATE**  
**To whom so ever it may concern**

Affix your recent  
Passport size,  
color  
Photo here (with  
signature)

This is to certify that I have examined Mr./ Miss. \_\_\_\_\_ aged \_\_\_\_\_

He/ she is suffering / not suffering from following diseases

Asthma	Physical Disability
Diabetes	Mental Disability
Hypertension	Allergy

Fits / Convulsions

He/ she has undertaken / not undertaken all vaccination.

Any other major disease (Please specify) –

His/ Her height....., weight....., vision.....,Hearing-----.

I certify that Mr. / Miss \_\_\_\_\_ is physically, mentally &  
Psychologically fit / unfit for \_\_\_\_\_ course.

Marks of identification

Thumb impression

Signature:

Name of Registered medical practitioner:

Place:

Reg. No.:

Date:

Address:

(Office Seal)