

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

**APPLICATION FORM**

**DIPLOMA IN DIALYSIS TECHNOLOGY COURSE**

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

Languages	Speak	Read	Write

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

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

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

13. Educational Qualification

S N	Course of Study	Month & Year of Passing	Name of School/ College	Name of Board/ University	Aggregate marks (Write year wise marks)	Remarks

14. Professional Experience

Sr. No.	Name of Organization/Institute	Experience & Designation		Date of Joining	Date of Relieving	Remarks
		Clinical	Teaching			

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

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

16. Details of Form fee 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. School Leaving certificate
2. 12<sup>th</sup> Science passing certificate
3. Experience certificate
4. Medical Fitness certificate
5. Two passport size photographs

**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 **Diploma in Dialysis Technology** 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)