



# GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES

(Established Under the Gujarat Act. No. 9 of 2015)

## Admission Form (2021-22)

### CERTIFICATE COURSE IN DIALYSIS TECHNOLOGY

#### FOR OFFICE USE ONLY

APPLICATION NO.

REGISTRATION NO.

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

1. NAME OF STUDENT (BLOCK LETTER) : \_\_\_\_\_
2. SEX : \_\_\_\_\_
3. MOBILE NO : 

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4. PHONE NO : \_\_\_\_\_
5. E-MAIL ID : \_\_\_\_\_
6. BLOOD GROUP : \_\_\_\_\_
7. NATIONALITY : \_\_\_\_\_
8. MARITAL STATUS : \_\_\_\_\_
9. RELIGION : \_\_\_\_\_
10. DATE OF BIRTH : 

D	D	M	M	Y	Y	Y	Y
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11. CATEGORY(√) : 

Gen		SC		ST		SEBC		EWS	
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12. ADDRESS FOR COMMUNICATION : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_ Pin code \_\_\_\_\_

13. PERMANENT ADDRESS : \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_  
 : \_\_\_\_\_ Pin code \_\_\_\_\_

14. LANGUAGES KNOWN

LANGUAGES	SPEAK	READ	WRITE

15. QUALIFICATION:

SR. No.	NAME OF EXAM	BOARD/UNIVERSITY	PASSING YEAR	PERCENTAGE	REMARK
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

16. AWARDS/PRIZES RECEIVED : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. DETAILS OF ENTRANCE EXAM FEES PAYMENT:

NAME OF BANK /PAYMENT GATEWAY	CHQ /DD/PAY ORDER NO/ONLINE PAYMENT REFERENCE NO	AMOUNT	DATE

18. DOCUMENTS SUBMITTED: PLEASE TICK (√) –Submit Applicable documents Only

SR. No.	NAME OF DOCUMENTS	PHOTOCOPY	REMARK
1.	HIGH SCHOOL MARK SHEET		
2.	HIGHER SECONDARY MARK SHEET		
3.	SCHOOL LEAVING CERTIFICATE		
4.	BIRTH CERTIFICATE		
5.	GRADUATION MARK SHEET		
6.	GRADUATION DEGREE CERTIFICATE		
7.	CAST CERTIFICATE		
8.	NON CREAMY LAYER CERTIFICATE		
9.	AADHAR CARD		
10.	DISABILITY CERTIFICATE		
11.	MEDICAL FITNESS CERTIFICATE		
12.	LIST OF PUBLICATIONS		
13.	TWO PASSPORT SIZE PHOTOS		
14.			
15.			
16.			
17.			
18.			
19.			
20.			

- Attach additional sheet if applicant required to submit any further/additional information with respect to the application form

## **DECLARATION BY THE APPLICANT / GUARDIAN**

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 / Guardian**

**CERTIFICATE BY THE PRESENT EMPLOYER**  
(In case of candidate who is already in service)

This is to certify that here is no objection to the selection/appointment of \_\_\_\_\_ to the **CERTIFICATE COURSE IN DIALYSIS TECHNOLOGY** course of **1 years'** 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)