



GUJARAT UNIVERSITY OF TRANSPLANTATION SCIENCES

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

Admission Form (2021-22)

POSTGRADUATE DIPLOMA IN MEDICAL LABORATORY 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 (Submit Relevant Document : PLEASE TICK (√))

SR. No.	NAME OF DOCUMENTS	ORIGINALS	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.	POST-GRADUATION MARK SHEET			
8.	POST-GRADUATION DEGREE CERTIFICATE			
9.	CAST CERTIFICATE			
10.	NON CREAMY LAYER CERTIFICATE			
11.	AADHAR CARD			
12.	DISABILITY CERTIFICATE			
13.	MEDICAL FITNESS CERTIFICATE			
14.	LIST OF PUBLICATIONS			
15.	TWO PASSPORT SIZE PHOTOS			
16.				
17.				
18.				
19.				
20.				

- Attach additional sheet if required

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 if 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

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 Post graduate diploma in medical laboratory 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

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

MEDICAL FITNESS CERTIFICATE
To whom so ever it may concern

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

He/ she is suffering / not suffering from following diseases

Asthma
Diabetes
Hypertension
Fits / Convulsions

Physical Disability
Mental Disability
Allergy

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 & Office Seal:
Name of Registered medical practitioner:
Reg. No.:
Address:

Place:
Date: