

ADMISSION FORM



SCHOOL OF MEDICAL TECHNOLOGY

Affiliated to University of Kalyani

Paste your recent passport size

Course Sought for Admission (For Course Code SEE ANNEXTURE)

Course Name.....

1. Full Name of the Applicant (In Block Letter Only):

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2. Father's Name:

3. Mother's Name:

4. Nationality: Indian Non-Resident-Indian [Put ✓ only]

5. Date of Birth: D D M M Y Y Y Y

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6. Sex: Male/Female [Put ✓ only]

7. Category: Gen SC ST OBC [Put ✓ only]

8. Aadhar Number:

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9. Mobile No:

10. Guardian Mobile No:

11. Postal Address with Pin Code:

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12. Permanent Address with Pin Code:

.....

13. Educational Qualification

Examination	Board/University	Year	%of Marks

DECLARATION

I hereby declare that I have read and understood the condition of eligibility for the course for which I sought admission. I fulfil the minimum eligibility criteria and have been provided with necessary information in this I regard. In the event of any information found incorrect or misleading, my candidature shall be liable to cancelled at any time and I shall not be entitled to refund of any fee paid by me to the Institute. I also know that once I paid admission fees /Tuition fees /Examination fees or any other fees to the institute is not either refundable / nor transferable in any circumstances.

Place:

.....
(Signature of Candidate)

Date:

.....
(Signature of Parent/Guardian)