



**MAGANBHAI ADENWALA**

**MAHAGUJARAT UNIVERSITY, NADIAD**

College Road, Nadiad - 387001, Dist. Kheda (Gujarat)  
Ph.No. (0268) 2520646,

Email : office@mamuni.edu.in, Web : www.mamuni.edu.in



Student  
Passport Size  
(35mm X 45mm)  
Photo

## Application Form for the

### Faculty of Paramedical Sciences

Course Name: **PG Diploma Course in Medical Laboratory Technology [PGDMLT Duration:15 Month]**

Institute : **Maganbhai G Patel (Adenwala) Institute of Medical Technology, Nadiad**

(Fill All Details in BLOCK Letter)

- (1) Full Name \_\_\_\_\_  
(As per the HSC Marksheet)
- (2) Full Name of Father \_\_\_\_\_
- (3) Permanent Address \_\_\_\_\_  
Pincode \_\_\_\_\_  
City \_\_\_\_\_ Dist. \_\_\_\_\_ State \_\_\_\_\_
- (4) Mobile \_\_\_\_\_ Father Mobile \_\_\_\_\_
- (5) Email id \_\_\_\_\_
- (6) Birth Date (DD/MM/YYYY) \_\_\_\_\_
- (7) Aadhar Card Number of the Student \_\_\_\_\_
- (8) Category GEN/ ST/ SC/ SEBC / PH/ DNT/ EX-S
- (9) Marital Status: [Married / Unmarried] \_\_\_\_\_
- (10) Mother Tongue \_\_\_\_\_
- (11) Educational Qualification \_\_\_\_\_

Name of Exam	School Name	Board	Passing Year	Subject	Percentage	Class Obtained

(Details Overleaf)

Name of Subject	Subject Code	Mark Out of	Marks Obtained	Mention Your Stream: <b>Science</b>
				Name of University :
				Exam Seat No. :
				Passing Month-Year:
				Main Subject :
				Total Mark Obtained:
				Total Mark :
				Class Obtained:
				CGPA / Percentage :

**Declaration by Applicant:**

- ✍ I hereby declare that the above information provided by me is correct.
- ✍ If admitted, I shall conform to the rules & regulations of MAM University at present & in future.
- ✍ I know that for the confirm admission, I have to submit my Original Marksheet of HSC/UG.

\_\_\_\_\_  
Signature of Student :

**Declaration by Parent/Guardian:**

- ✍ I shall be responsible for the conduct of my Son/Daughter/Ward Mr/Ms.
- ✍ I undertake to pay the university's dues regularly & also responsible for his/her behaviour at the University.
- ✍ I know that fees once paid will not be refundable under any circumstances.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Parent/Guardian

(For OFFICE USE ONLY)

**Attached Documents (Tick ✓ in appropriate Box)**

<input type="checkbox"/>	<b>SSC</b>	<input type="checkbox"/>	<b>Caste</b>	<input type="checkbox"/>	<b>Attempt Certificate for 12<sup>th</sup> Std. Exam.</b>
<input type="checkbox"/>	<b>HSC</b>	<input type="checkbox"/>	<b>Income Proof</b>	<input type="checkbox"/>	<b>Marksheet for UG</b>
<input type="checkbox"/>	<b>SLC</b>	<input type="checkbox"/>	<b>Aadhar Card Copy</b>	<input type="checkbox"/>	<b>Other</b>

**SEAL**

\_\_\_\_\_  
**SIGN OF UNI AUTHORITY**