

# MAGANBHAI ADENWALA MAHAGUJARAT UNIVERSITY

## Faculty of Paramedical Sciences

College Road, Nadiad – 387001. Dist. Kheda. (Gujarat)

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### APPLICATION FORM FOR THE POST GRADUATE DIPLOMA COURSE IN MEDICAL LABORATORY TECHNOLOGY – [PGDMLT]

at

**Constituent Institute**  
**Maganbhai G Patel (Adenwala) Institute of Medical Technology,**  
**Nadiad**  
**[Managed by Mahagujarat Medical Society, Nadiad]**

**(One Year Three Months Full Time Course)**

Affix  
your  
passport size  
photograph

Name: \_\_\_\_\_

(As per 12<sup>th</sup> Marksheet)

Father's Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender [ Male/Female] \_\_\_\_\_

Nationality \_\_\_\_\_

Religion \_\_\_\_\_

Category [OPEN / SC / ST / SEBC / PH] \_\_\_\_\_

Mobile \_\_\_\_\_

(WhatsApp)

Phone \_\_\_\_\_

Email \_\_\_\_\_

## 1. Educational Qualification

Name of Exam.	Institute	University/ Board	Passing Year	Subject	Aggregate Percentage/CGPA	Class Obtained
SSC						
HSC						
U G						

## 2 Details of UG Marks

Name of Subject	Subject code	Marks out of	Marks obtained	Mention your Stream /Group
				Name of the University
				Exam seat number
				Passing Month & Year
				Marks obtained
				Total Marks
				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 and regulations of MAM University at present & in future.

Date:

Signature of the Applicant

Place:

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 behavior at the University.
- I know that fees once paid will not be refundable under any circumstances.

Date:

Signature of the Parent/Guardian

Place:

Attachments:

1 Mark sheet for UG

5. School Leaving Certificate

2 Mark sheet for HSC (12<sup>th</sup> Std.)

6. Adhar Card copy

3. Mark sheet for SSC (10<sup>th</sup> Std.)

7 Others (Please Specify)

4. Caste certificate (If applicable)