D.K. INSTITUTE OF MEDICAL SCIENCES

APPLICATION FOR REGISTRATION

Courses in :
- MEDICAL LABORATORY TECH. (1Yr./2Yrs.)
- OPERATION THEATRE TECH. (1Yr./2Yrs.)
- DENTAL ASSISTANT (1Yr./2Yrs.)
- OPHTH. ASST. (1Yr./2Yrs.)
- CMS & ED (1 ½ Yrs.)
- X-RAY TECHNOLOGY(1Yr./2Yrs.)

Through ....Affiliated Centre at ....

PARTICULARS OF THE APPLICANT
{ To be filled by applicant }

Name of the Applicant

Father's Name

Permanent Address :
House No. : .... Village : ....
Post Office : .... Distt. : ....
State : .... Pin Code : ....
Telephone : Code .... Number : ....

Date of Birth : _____ Years

Nationality : .... Marital Status : ....
Religion : .... Spoken Language : ....
Category : SC/ST/OBC YES / NO
(If Yes, certificate from the appropriate authority to be enclosed)

Details of Educational Qualification (Exam Passed / Appeared):

Qualification	Board / University	Year of Passing	%	Subjects Taken

Have you ever been convicted by any court of law? : YES / NO
Are you a smoker, consume alcohol, any narcotics ? : YES / NO
(If Yes, Give Details)

STUDENT ACKNOWLEDGMENT FORM ON 50 or 100 ON NOTARIZED STAMP PAPER

I.. Father ....
on .... have taken Admission inthe **Autonomous Board** approved courses by D.K. Institute of Medical Sciences.

Course Name .... Course Code .... I am Completely aware of the fact that the above Course is not affiliated by an constitutional bodies such as **Medical** Council of India, **Pharmacy** Council, **Indian Nursing** Council, National Council of Teacher's Education or State Para Medical Council, State / Central University (Govt. or Private). I am fully aware that the course chosen by me is approved Skill Course by. Autonomous Institute

---

| **Students's Sign** | **Training Centre Seal / Signature** | **Date** |

For Officer Use Only

Name of the Course: Batch No.

Name of the candidate: Batch Start Date

Candidate Reg. No.   Batch End Date

Date of Admission   Branch Code

His / Her application for examination has been accepted & granted as a candidate for aforesaid
Course:_____Course Code: _____

Examination Date ....**Time** ....   **For Controller of Examination**