

MADHUSTHALI INSTITUTE OF PARAMEDICAL SCIENCES

Plot No.-86, Vill: Salaiya, P.O.-Madhupur, Dist: Deoghar, Jharkhand - 815353

APPLICATION FORM FOR ADMISSION

Two Years Diploma Programme MEDICAL LABORATORY TECHNOLOGY (DMLT) OPERATION THEATER ASSISTANT (DOTA) MEDICAL RADIOGRAPHY (DMR) One Year Certificate Programme DRESSER (CD) Session: 20 to 20 Affiliated by: Jharkhand State Paramedical Council, RIMS Car (Dept. of Health Education & family Welfare, Govt. of FOR OFFICE USE ONLY)	
Form No.: Enrollment No.: Admission	on Date:
Course: Institution Roll No.: Council	Registration No.:
Name of Applicant:	
CHECKLIST OF DOCUMENTS -Two sets of photocopies (Please	e tick in the boxes)
Original Money Receipt	
Original CLC/SLC/DLC	
Original Migration	
Attested Photocopy of Mark sheet of 10th (Secondary) /12th (Intermediate)	
Attested Photocopy of Provisional Certificate from board/council	
Attested Photocopy of admit card of Class 10/Class 12	
Attested Photocopy of Caste Certificate	
Attested Photocopy of Residence/ Domicile certificate	
Attested Photocopy of Income Certificate of current year	
Attested Photocopy of Id Proof (Adhaar Card)	
Attested Photocopy of Address Proof	
Eight (08) Passport size photograph	
Original Affidavit	
Attested Photocopy of Other Certificate (if any)	
Remark (if any)	Signature of Admission In- Charge

A. Ge	eneral Information	on																					
1. Application for admission to (Name of the Course)																							
2. Year of the Course Semester																							
3. Car	ndidate's Name (BL	OCK LE	TTERS)			1											T T						
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	ntact : (i) Mobile No.																						
(ii)E	-mail ID																						
9.Cate	egory : General	sc	S	Г	ОВ	С		РΗ															
10.Ge	nder : Male	Fem	nale																				
11.Da	te of Birth: Date		Month		Ye	ar																	
12.Na	tionality						13.	.Aad	har	Card	l no.	Г	12.Nationality 13.Aadhar Card no.										
14. Academic Record (in chronological order with the most recent examination appearing on top)																							
14. Ac	ademic Record (in	chronolo	gical ord	ler wit	h the	mos	t rec	ent e	exan	nina	tion	appe	arin	g o	n top	o)							
14. Ac		chronolo	gical ord			mos	t rec	ent e		nina bjec		appe	earin		n tor	Divi	sion/ ass		Full Marks		∕₀ of arks		
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IMm	E	3.Undertaking/Declaration by the Students during Admission in DMLT/DOTA/DMR/Dresser Course
DOTA/DMR/Dresser Course in Madhustall institute of Paramedical Sciences (MIPS), Madhupur and after having gone through the Rules and Regulations with particular regard to maintaining the discipline of the Institute in all its forms and aspects. I. therefore, undertake and declare that: a) I will abide by the rules and regulations of the Institute that are in force as of now and/or that may be in force from time to time. b) I undertake and declare that during the period of my studies at. MIPS, I will not indulge in any act of indiscipline causing the good name of the Institute or take part in any activity organized by the students teacher or by any organization on behalf of the students on any ground which may be detrimental to the interest of the institute or which may impede proper functioning of the institute or in any way may hamper imperfuge education to the students of the Institute which may lead up to my expulsion from the institute. c) I am aware that if my attendance in DMLT/DOTA/DMR/Dresser class unfortunately becomes less than 80% of the total class conducted then, I will not be allowed to appear in DMLT/DOTA/DMR/Dresser Examination. d) I will attend all practical classes in the institute. e) I will be adhering to the Institution DRESS CODE (wearing of Institute Uniform and ID card is a must. I am aware that the authority may not permit me to enter into the Campus/Class Room/Tutorial Room/Labs/ Examination Hall, if Itali to adhere to the Dress Code specified by the Institute Authority. f) I undertake to pay Academic Fee and/ Hostel Fee or Exam Fee in time, failing which I shall be bound to pay the financial penalty as per Notification of the Institute Authorities from time to time. g) I also undertake I shall always behave responsibly in the Institute and will not do any such thing that may hurt other students for shall of residence is damaged or any loss is caused to the Institute, in case of any act of misconduct on my part, the institute and in-campus other school and college i.e., MV and M	ΙN	/lrson/daughter/wife of Shri/Smt
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		Date Date
Place Name of the Student Signature of Student		Place Name of the Student Signature of Student

C. Medical History (To be filled up by the Students/Doctors) Medical Information												
		indness?		b) Do	o vou use so	ectacles?						
a) Do you have colour Blindness? b) Do you use spectacles? If yes provide the detail below												
Eye		R	Ε		LE							
Report	SHP	CYL	AXIS	VISION	SHP	CYL	AXIS VISION					
DV		012	<i>A</i> MIO	VICION	<u> </u>	012	AXIO	VIOIOIT				
D.V.												
N.V.												
	Blood Press	ure	ВІ	lood Group		Alle	rgies to medicir	ne and food				
He	ight (Feet an	d Inches)	Flat F	eet (Y/N)	Kno	ock Knees (Y/ I	N) Weight	in Kgs				
					<u> </u>							
) History o	f Major Illness	3										
Sign	ature of Stud	dent Sign	ature of Fa	ther/Mother	Signatu	re of Family Doc	tor with registra	tion number				
	ation By A				<u> </u>	•						
1				here	eby declare t	nat I have read aı	nd understood th	e conditions for				
the eligibil	ity of the cours	se/Programm	ne for which I	seek admissi	on.							
All info	mation provid	ed by me is c	orrect to the	best of my kn	owledge.							
to be	✓ In the event of any information provided by me is found incorrect or misleading, my candidature shall be liable to be cancelled by the institute at any stage, and I shall not be entitled to any refund of fee paid by me to the Institute.											
	I hereby agree to follow all rules & regulations of the Institute which may be modified from time to time, if I am granted admission.											
✓ I shall submit my migration certificate after I getting admission to MIPS. [Migration Certificate in original needs to be submitted in case the last examination was under any other university [outside Jharkhand State].												
The selection committee's decision is final and binding on all matters of admission to the respective course.												
Cianatura of Analicant												
E. Parents	Signature of Applicant E. Parents'/Guardian's Undertaking											
	I solemnly declare that I have fully understood the Rules and Regulations of MIPS and hereby undertake the											
-	responsibility for good and disciplined behaviour of my ward Mr./Miss/Mr.											
	as long as he/she remains a student of this Institute. I also understand that all fees once deposited are not refundable.											
Sign	ature of Appl	icant's Fath	er/Mother			Signature of Ap	oplicant's Guar	dian				