

Form No. :

**K.J.SOMAIYA MEDICAL COLLEGE,
SION, MUMBAI - 400 022**

**APPLICATION FORM FOR ADMISSION TO
PG D.M.L.T. (After B.Sc.) COURSE (ONE YEAR)
(For the Academic Year 2023-2024)**

Receipt No. :
Date :

1. Name in full (Block capital) :
2. Present Address :
3. Name and Permanent Address of Parents/Guardian :
4. Mobile No :
5. Date of Birth :
8. Month & Year Passing B.Sc. Exam
1st Year :
2nd Year :
3rd Year :
9. Name of the College & University :
10. Details of B.Sc. Degree :

B.Sc. Degree Year	Semester Passing Month & Year	Principal Subject	Marks	Out of Total Marks	Attempt
1 st Year B.Sc.	Ist Semester				
	IIInd Semester				
2 nd Year B.Sc.	IIIrd Semester				
	IVth Semester				
3 rd Year B.Sc.	Vth Semester				
	VIth Semester				

I HEREBY DECLARE THAT THE INFORMATION FURNISHED ABOVE BY ME IS TRUE.

I agree if admitted to abide by the rules and regulations in force from time to time. I have carefully gone through all the rules and give an undertaking that I shall abide by the decisions of the Dean. I also understand that I am at risk of being deregistered if I do not diligently pursue my post graduate study to the satisfaction of my teacher and institute. I also understand if selected, that I will have to learn a basic certificate course in Computer & Typing as prescribed by the University, otherwise I will not be eligible for D.M.L.T. certificate.

Signature of the Applicant

Place :

Date :

Note :

Candidate should attach the attested Xerox Copies of :

1. Nationality and Domicile Certificate
2. B.Sc V & VI Semesters Statement of Marks
3. B.Sc. Degree Certificate
4. College Leaving Certificate
5. Migration Certificate
6. Affidavit for Gap Certificate (if applicable)
7. Medical Fitness Certificate

Incomplete application form is liable to be rejected

(For Office Use Only)

SCRUTINY

REMARKS : _____

