

No.IGICH/ACA/B.Sc(MLT)/ /2017-18

Date:10 .07.2016

**NOTIFICATION**

Applications are invited for admission to 1<sup>st</sup> year/L.E. B.Sc (Medical Laboratory Technician) Course- 10 seats for the Academic year 2017-18 from the candidates who have passed the PUC-II/DMLT or an equivalent qualification with Physics, Chemistry & Biology.

Application can be downloaded from the Institute website [www.igich.org](http://www.igich.org). Eligible candidates should submit their duly filled applications, qualification marks cards/certificates along with DD of Rs.300/- (SC/ST/Cat-I-Rs.75/-) in favour of Director, IGICH, Bangalore on or before 20.09.2017 at 5.00 pm.

Sd/-

DIRECTOR

I.G.I.C.H., BANGALORE.

# INDIRA GANDHI INSTITUTE OF CHILD HEALTH

(Government of Karnataka-Reg. Autonomous Institute)  
South Hospital Complex, D.R. College Post,  
Bangalore – 560029. Phone No: 080 – 22443143 - 22442421.  
Website: [www.igich.org](http://www.igich.org).

AFFILIATED TO RAJIV GANDHI UNIVERSITY OF  
HEALTH SCIENCES, KARNATAKA



Affix Passport

Size

Photograph and

To,  
The Member – Secretary,  
Selection Committee for B.Sc, Degree in  
Paramedical & Allied Health Sciences courses,  
Indira Gandhi Institute Of Child Health  
South Hospital Complex,  
D.R. College Post,  
Bangalore – 560029

Admission to B.Sc Degree in Paramedical & Allied Health Science Course

COURSE APPLIED FOR:

**B.Sc (Medical Laboratory Technology)**

(Application to be filled in by the applicant in his/her own handwriting, strike out whichever is not applicable)

1. Name of the Applicant :  
(IN BLOCK LETTERS)

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2. Date of Birth :  
(Enclose attested copy of  
SSLC Marks Card/TC/ extract from the  
Cumulative Records Showing Date of Birth)

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3. Father / Guardian's Name :  
(With address and occupation)

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4. Address of the applicant :  
Present address:  
(Where the interview notice should be sent)

Permanent address :

Contact Number: Res:                      Mobile:

E-mail:    Blood Group:

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5. Gender:              Male:                       Female:

Marital Status: Single:                       Married:

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6. Place Birth with :  
Native District and State

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7. State in which you are domiciled :

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8. Are you a citizen of India by Birth?  
If not what is your nationality?

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9. Do you belong to SC/ST :  
Cat-I, Cat-IIA, IIIA, IIIB and GM

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10. Qualifications:(Enclose attested copies):

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11. Particulars of all qualification: Eg:- SSLC,PUC or Equivalent examination passed

Sl. No	Name of the Course	Name of the School/ College	Year of Passing	Percentage of marks obtained	Remarks
1.					
2.					
3.					
4.					
5.					

(If passed in more examinations please attach a separate sheet to mention details and enclosed attested photocopies of the same)

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12. List of Documents Enclosed:

DATE:  
PLACE:

SIGNATURE OF THE APPLICANT

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**DECLARATION BY THE APPLICANT**

1. I agree to undergo the course on a full time basis and shall not engage myself in any kind of other activities during the period of the course.
2. I hereby declare that I shall abide by the rules and regulations of the institute that are framed from time to time.
3. I hereby declare that information given in this application is true and correct to the best of my knowledge and belief. In case of any information given by me in this application proves to be false or incorrect, I shall forfeit my selection and also face all the legal consequences.

DATE:  
PLACE:

SIGNATURE OF THE APPLICANT

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**DECLARATION BY THE PARENT/GUARDIAN OF THE APPLICANT**

I hereby declare that I am responsible for the timely payment of all fees & dues payable to Indira Gandhi Institute of Child Health, Bangalore in respect of my son/daughter ward..... during the period of his/her study at the institute and thereafter until the accounts are cleared. I also declare that the information given above is true and correct.

DATE:  
PLACE:

SIGNATURE OF THE PARENT/GUARDIAN