

INSTITUTE OF GENETIC MEDICINE AND GENOMIC SCIENCE

(Affiliated to The West Bengal University of Health Sciences)

30A, Thakurhat Road, Badu, Kolkata 700 128

Application Form for Admission to
B.Sc. (Hons.) in Medical Laboratory Technology

SESSION 20-----20---

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more copy

1. Name of the Applicant :
(in block letters)

2. Full Address :
(in block letters)

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.....PIN.....

3. Telephone Number(s) :

4. Father's Name :

5. Mother's Name :

6. Date of Birth : __ / __ / ____ 7. Nationality :

Educational Qualifications : (Relevant qualification which makes you eligible for this program)

Examination Passed / Appeared	Board / Council / University	Year of Passing	Subjects	% of Total Marks	Division / Class

I hereby declare that the information given by me is true to the best of my knowledge.

Date Place /

Applicant's Full Signature

.....

Received an Application from.....for Admission in
20....-20.. Academic Session for admission to M.Sc. in Genetic Engineering

Date :

(Receiving Assistant)