



CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY

:: Aegis :: Shri Charotar Moti Sattavis Patidar Kelavani Mandal



Charotar Institute of Paramedical Sciences

CHARUSAT CAMPUS, AT & PO. CHANGA - 388421 Ta.Petlad, Dist.Anand,Gujarat.
Ph.No. 02697 265311,265199 email : info@charusat.ac.in Website: http://www.charusat.ac.in

APPLICATION FORM (2019-2020)

Post Graduate Diploma in

- Clinical Hypnosis
- Medical Laboratory Technology
- Hospital Administration

FOR OFFICE USE ONLY

Form No.	
Student ID	
Password	

1. Full Name of Candidate: (As per Std. 12th Marksheets in BLOCK LETTERS)

Affix Your Recent

2. Gender : Male Female 3. Nationality:

Passport Size

4. Year of Passing B.Sc.

Photo Here

M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

6. Native Place. _____

7. Aadhar No. _____

8. Category:.....

9. 27 Samaj: Village.....

10. Blood Group :

11. Other Details:

Email ID:..... Mob.No (S).....

Fathers Name:..... Mob.No (F).....

Mothers Name:..... Mob.No (M).....

12. Qualifications:

Degree	Name of School / Institute	Board / University	State	Specialisation	Marks Obtained	Percentage/ Percentile
S.S.C.					/	
H.S.C.					/	
B.Sc.					/	

(P.T.O.)

ACKNOWLEDGEMENT

Form No.

Name:

Received By:

Received form fees Rs. 100/- by CASH / CHEQUE

Date: / /

Authorised Signature

13. List of Document to be attached

(Please Provide attested photocopy)

- B.Sc. Marksheets & Migration Certificate
 Std. 12th Marksheets
 Std. 10th Marksheets
 School Leaving / Transfer Certificate
 Aadhar Card & Driving License

15. Correspondence Address**Name:****Address:****City:****State:****Nation:****Pin Code:****Mob. No.****16. Permanent Address****Name:****Address:****City:****State:****Nation:****Pin Code:****Phone No.:****Declaration**

We.....(the Candidate) and
.....(the Guardian)

hereby solemnly undertake that

- The Information given above is true. If found false, we understand that the admission granted will be cancelled and fees forfeited.
- We have read information guidelines carefully and agree to follow them.
- We shall pay the fees as decided by the Management of University.
- We will abide by the rules and regulations framed by the University.

Date**Place****Signature of Candidate****Signature of Guardian****CHARUSAT**
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY**Charotar Institute of Paramedical Sciences**

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