

PERIYAR COLLEGE OF PHARMACEUTICAL SCIENCES

Periyar Centenary Educational Complex
Tiruchirappalli - 620 021



Approved by Directorate of Medical Education, Chennai &
King Institute of Preventive Medicine & Research, Guindy, Chennai
Approved by Govt. of Tamil Nadu G.O.(MS).No.560, dt.16.03.1982



NIRF – MHRD, Govt. of India Ranked Institution - 2016

APPLICATION FOR DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY (DMLT)

[TWO YEARS]

Application No:

Affix recent
attested
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35mm x 55mm

1. Name of the Applicant
(In Block Letters) :
2. Date of Birth :
3. Gender : Male / Female / Trans
4. Nationality :
5. Father's /Guardian's Name
& Occupation :
6. Mother's Name
& Occupation :
7. Mother tongue :
8. Community (Specify Caste) : OC / BC / BCM / MBC / DNC / SC / SCA / ST
9. Blood Group :
10. Permanent Address with Pincode :
11. Contact Telephone & Mobile No. :

An ISO 9001: 2015 Certified Institution

12. Qualification: H.Sc. (State Board / CBSE)

Physics out of 100	Chemistry out of 100	Mathematics out of 100	Biology / Comp. Science out of 100	Botany out of 100	Zoology out of 100	% of Marks in Part III

13. Extra Curricular Activities: (Give details, if any)

- a. Sports :
- b. Games :
- c. N.S.S. :
- d. N.C.C. :
- e. Others :

14. Whether sponsored by any member of the Periyar Self Respect Propaganda Institution, Chennai or Periyar Maniammai Institute of Science and Technology Chennai (If yes, give details).

DECLARATION

I/We do hereby declare that the particulars given above are true and correct to the best of my/our knowledge and that I/We shall render ourselves liable for any action to be taken, if the statement is found to be incorrect / false. I shall abide by the rules and regulations of the college.

I/We understand that fees once paid to the college will not be refunded. We undertake that I/We will not claim refund of fees in the event of voluntary discontinuation of my ward from the college.

Date :

Signature of the Applicant

Place :

Name & Signature of the Parent / Guardian

Office Use

Admission No. :

Date of Admission :

Signature of the Principal

Enclosures: Attested copies of

(i) H. Sc. Mark Statement (ii) H. Sc. Transfer Certificate

(iii) Birth Certificate (iv) Aadhar Card

(v) Community Certificate (vi) Physical Fitness Certificate (Original)

(vii) Name of the Bank & Branch

DD No. Date & Amount

Note : Application filled in all aspects should be sent to the Principal, enclosing photocopies of the required documents attested by a Gazetted Officer alongwith a **Demand Draft for Rs. 500/-** drawn in favour of "Periyar College of Pharmaceutical Sciences", Trichy - 21 payable at Tiruchirappalli.