



BANGALORE BAPTIST HOSPITAL
INSTITUTE OF ALLIED HEALTH SCIENCES
Bellary Road, Hebbal, Bangalore – 560024, India Ph: 080-22024447/544

APPLICATION FORM

B.Sc (RGUHS) / 2 .3 years Diploma (PMB Karnataka) Programmes 2021-22

Name: _____

Date of Birth: _____ **Age:** _____ **Gender:** _____

Email Id: _____ **Mobile No :** _____

Transaction details of net banking/ DD Copy : _____

(Admit card for Entrance exam will be sent by email)

NOTE:

Please read the eligibility criteria before filling the application form.

- Do not send original certificates.
- Make sure you are eligible to apply before filling application.
- This form should be legibly filled in Capitals in candidate's own handwriting.
- Incomplete applications will not be accepted.
- Verification of eligibility to course is solely the responsibility of the candidate
- Maths in PUC is mandatory for B.Sc Medical Imaging Technology & B.Sc Radiotherapy Technology

Kindly Mark your 1st and 2nd Preference as 1 and 2

	*B.Sc Medical Laboratory Technology
	*B.Sc Medical Imaging Technology
	B.Sc Radiotherapy Technology
	*B.Sc Anaesthesia Technology
	2.3 yrs Diploma in Medical Laboratory Technology
	2.3 yrs Diploma in Medical Imaging Technology
	2.3 yrs Diploma in Operation Theatre and Anaesthesia Technology
	2.3 yrs Diploma in Ophthalmic Technology
	2.3 yrs Diploma in Medical Records Technology

Note: * Do you want to be considered for the Diploma if not qualifying for BSc.

Yes /No: _____

I. Personal Information:

1	Permanent Address (as mentioned in Aadhar card)	
2	Present Address	
3 a	Blood Group	
b.	Aadhar Number	

4	Father's Name: Telephone No/ Mobile No: Email Id: Occupation:	Mother's Name: Telephone No/ Mobile No: Email Id: Occupation:
5	Mother Tongue:	
6	Religion (If Christian, state your denomination)	
7	Marital Status	
8	Are you sponsored by any organization? (If yes, give name and address of sponsoring body)	
9	Have you applied for more than one course in the Allied Health category in Bangalore Baptist Hospital? (If so, mention the course applied for)	
10	Do you have any Relative / Parents in BBH? (If yes, Name of Employee / Dept. / Relationship)	
11	Have you applied for any Central / State government scholarship? (if yes mention the details)	

II. Family Details

Member	Name	Age	Qualification	Occupation
Self				
Father				
Mother				

Brothers				
Sisters				
If married Spouse				
Children				

III. Academic Record

Examination Passed	Name of College / School	University / Board	Year of Passing	No. of Attempts	(Aggregate) Marks Percentage	Medium of Instruction
10 th Std.						
12 th Commerce / Arts						
12 th Science Specialities						

To e filled by If 12th Science Group

Subjects	No. of Attempts	Max Marks	Marks Obtained
Physics			
Chemistry			
Maths			
Biology			
Computers			
Total			

Following copies to be couriered to The Principal, Allied Health Sciences, Bangalore Baptist Hospital, Bellary Road, Hebbal Bengaluru – 560024.

- Duly filled Application form
- DD of Rs.500/- in favour of **BANGALORE BAPTIST HOSPITAL**
- Mark sheets: 10th std., 12th Std. & Degree (If any)
- Eligibility Certificate for Non-Karnataka Candidates/ proof for applying
- Transfer Certificate (TC)
- Migration Certificate for Non-Karnataka Candidates
- Study Certificate

- Character / Conduct Certificate (Head of the Institution)
- Certificates of extra-curricular activities (only for previous 5 years)
- Church Membership & Testimonial letter from Church Pastor (only for Christians)
- If sponsored, a copy of the letter & agreement from the sponsoring body for financial support / service obligation
- Passport size recent colour photos – 2nos.
- In case of BBH Staff Child, a letter from the BBH HR department
- Testimonials -2 in number from principal / teachers
- Aadhar card copy