



**BANGALORE BAPTIST HOSPITAL  
INSTITUTE OF ALLIED HEALTH SCIENCES**

Bellary Road, Hebbal, Bangalore – 560024, India Ph: 080-22024447, Mobile No. 8277106517

**APPLICATION FORM  
3.3 Years Diploma Programmes 2022-23  
(Affiliated to Karnataka Para Medical Board Bangalore, Karnataka)**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Email Id:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Transaction details / DD for Application fee :** \_\_\_\_\_

**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

**Mark ONLY your 1<sup>st</sup> and 2<sup>nd</sup> Preference as 1 and 2**

	3.3 years Diploma in Medical Laboratory Technology
	3.3 years Diploma in Medical Records Technology
	3.3 years Diploma in Medical Imaging Technology
	3.3 years Diploma in Ophthalmic Technology

**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	Do you have any Relative / Parents in BBH? (If yes, Name of Employee / Dept. / Relationship)	
10	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	Marks %	Medium of Instruction
10 <sup>th</sup> Std.						
12 <sup>th</sup> Std. / +2						
Discipline in 12 <sup>th</sup> exam( Science, Arts, Commerce)						

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

- Duly filled Application form
- DD of Rs.500/- in favour of **BANGALORE BAPTIST HOSPITAL**
- Mark sheets : 10<sup>th</sup> std., 12<sup>th</sup> Std. & Degree (If any)
- Transfer Certificate (TC)
- Migration Certificate for Non-Karnataka Candidates/ proof of application
- Study Certificate
- Character / Conduct Certificate (Head of the Institution)S
- 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