



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

APPLICATION FORM
M.Sc MLT (RGUHS) 2 years 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
- Students who have passed BSc MLT course from Institution affiliated to RGUHS and other Universities considered equivalent to RGUHS are eligible.

Note: candidate passing through correspondence course shall not be eligible

Please Select & Tick one speciality only

<input type="checkbox"/>	M.Sc Medical Laboratory Technology-Microbiology & Immunology
<input type="checkbox"/>	M.Sc Medical Laboratory Technology-Haematology & Blood transfusion

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 :	Mothers'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 Std. / +2						
BSc MLT						

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

1. Duly filled Application form
2. DD of Rs.500/- in favour of **BANGALORE BAPTIST HOSPITAL**
3. Mark sheets : 10th std., 12th Std. & BSc MLT marks sheet and graduation certificate (issued by University)
4. Eligibility Certificate for Non-Karnataka Candidates(issued by University) / proof for applying

5. Transfer Certificate (TC)
6. Migration Certificate for Non-Karnataka Candidates
7. Study Certificate
8. Character / Conduct Certificate (Head of the Institution)
9. Certificates of extra-curricular activities(only for previous 5 years)
10. Church Membership & Testimonial letter from Church Pastor (only for Christians)
11. If sponsored, a copy of the letter & agreement from the sponsoring body for financial support / service obligation
12. Passport size recent colour photos – 2nos.
13. In case of BBH Staff Child, a letter from the BBH HR department
14. Testimonials -2 in number from principal / teachers
15. Aadhar card