



BANGALORE BAPTIST HOSPITAL
INSTITUTE OF ALLIED HEALTH SCIENCES
Bellary Road, Hebbal, Bangalore – 560024, India Ph: 080-22024447, Mobile No. 8277106517

APPLICATION FORM
M.Sc MLT (RGUHS) 2 years Programmes 2022-23

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
- 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 | 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 | (Aggregate) Marks Percentage | Medium of Instruction |
|----------------------------|--------------------------|--------------------|-----------------|-----------------|------------------------------|-----------------------|
| 10 th Std. | | | | | | |
| 12 th Std. / +2 | | | | | | |
| BSc MLT 1st year | | | | | | |
| BSc MLT 2nd year | | | | | | |
| BSc MLT 3rd year | | | | | | |

IV. Work Experience

| Name of Institution | From DD/MM/YY | To DD/MM/YY | Position held |
|---------------------|---------------|-------------|---------------|
| | | | |
| | | | |

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