

**THE DUNCAN HOSPITAL, RAXAUL**  
Dist: East Champaran, Bihar-845305  
An unit of Emmanuel Hospital Association, New Delhi



**APPLICATION FOR ADMISSION TO DMLT TRAINING**

Category: Sponsored/General

Application No:

**Instructions to the candidates:**

- Read all the details in the prospectus before filling in the application
- Application should be filled in the candidate's own handwriting
- Tick wherever applicable
- Xerox copies of mark lists, transfer certificate, conduct certificate should be attached. (Originals should be produced at the time of interview)
- Cost of application (Rs 300/) can be paid by cash or DD
- Incomplete application forms will be summarily rejected.
- Last date for submission of filled application form on or before 30<sup>th</sup> June 2020.
- All Communication with candidate is only by Mobile Phone or E mail.

**Affix Recent  
Photograph**

1. Name (In capital letters) .....

2. Address: (In capital letters) .....

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Mobile No .....Alt. Mobile No.....

E- mail: .....

(Mention the numbers legibly. The communication with the candidate is only through Mobile Phone or E- mail.)

3. Date of Birth.....Age.....

4. Sex: Male/Female

5. Height..... Weight.....

6. Nationality..... Domicile State.....

7. Information about parents/guardian

DETAILS	FATHER/GUARDIAN	MOTHER
Name		
Occupation		
Annual Income	Rs	Rs

\* If mother is also employed, occupation and annual income should be given.

8. Applicant`s Educational Qualifications:

Year of Passing: SSLC/10<sup>th</sup> ..... Board.....

S.No:	Subjects in SSLC/10 <sup>th</sup>	Marks in Percentage
		Total Percentage of Marks:

Year of Passing: Intermediate Exam/+2: .....Board: .....

S.No:	Subjects in Intermediate/+2	Marks in Percentage
		Total Percentage of Marks:

9. Extracurricular activities:(sports, NCC, scouts, NSS, music, any other)

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10. Name of the person who will meet the financial requirement for training

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(If you are sponsored, a letter from the sponsoring body or person should be sent along with the application)

11. Mother Tongue.....

12. Language Known (Read &Write) .....

13. Religion.....If, Christian: Denomination.....

14. Name & Address of your Pastor/Elder.....

15. Have you had any major illnesses/surgeries in past: Yes/ No If yes, give details

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16. Reason for applying for this course.....

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Signature of the Parent/ Guardian

Signature of the Candidate

Date:

.....

Our Contact Details:

Principal, School of Medical Laboratory Technology,  
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