

THE DUNCAN HOSPITAL, RAXAUL
Dist: East Champaran, Bihar-845305
(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, Aadhaar card 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 30th June 2022.
- 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 NoAlt. 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/10th Board.....

S.No:	Subjects in SSLC/10 th	Marks :
		Total Marks:

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

S.No:	Subjects in Intermediate/+2	Marks:
		Total 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.....13 a) If, Christian: Church.....

13. b) Name & Address of your Pastor/Elder.....

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

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15. Reason for applying for this course.....

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Signature of the Parent/ Guardian

Signature of the Candidate

Date:

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Our Contact Details:

Principal, School of Medical Laboratory Technology,
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