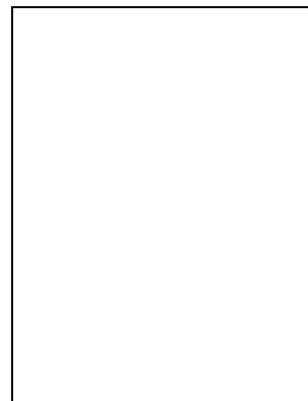


## APPLICATION FORM FOR DIPLOMA COURSE

Diploma in Medical Laboratory Technology (DMLT)  
Diploma in Operation Theater Technology (DOTT)  
Diploma in X-Ray and imaging Technology (DXIT)  
Diploma in Medical Record Technology (DMRT)



### Note:

1. Please read the prospectus carefully before filling up the form
2. Please send the application form duly filled
3. Candidate should fill this form in his/her own handwriting
4. Please attach attested copies of certificates and marksheets
5. Basic Qualification: 10+2 from any recognized board or university with 50% aggregate marks with Physics, Chemistry and Biology as main subject
6. Basic Qualification: (for DMRT) 10+2 from any recognized board or university with 50% aggregate marks with science / commerce / arts (preferably science) candidates are eligible for this course

\*Demand Draft of Rs. 500/- (Rupees five hundred only) to be made in favor of **Indraprastha Cancer Society and Research Center** payable at Delhi

1. Name: \_\_\_\_\_  
(BLOCK LETTERS) First Name Middle Name Last Name

2. Father's Name / Guardian Name (BLOCK LETTERS): \_\_\_\_\_

3. Mother's Name (BLOCK LETTERS): \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ Age as on 31.07.2025: \_\_\_\_\_

5. Occupation of Father:

6. Permanent Address:

7. Present Address:

8. Tel. (Res): 9. Mobile No.:

10. E-mail:

11. Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

12. Languages Known:

1. _____	Read	Write	Speak
2. _____	Read	Write	Speak
3. _____	Read	Write	Speak

13. Particulars About Education: High School Onwards

Name & Address of the School / Institute Attended	Examination Passed with Subjects	Institute / University Board	Division	Year of Passing	No. of Attempt (s)

14. If the candidate is awaiting the results, she / he should mention the Roll No., Board and date of examination. At the time of interview, candidates will have to produce the marksheet.

15. Other curricular activities & achievements:

16. Name and Address of local guardian with signature:

17. Name of the course applied for:

**Acceptance:**

I, have read the prospectus and the rules and regulation for the admission to DMLT, DXIT, DOTT & DMRT (mark any one for which applied) course and agree to all the conditions stated in the prospectus. I understand that any falsification will result in my immediate expulsion.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Date:**

**Date:**

**Place:**

**Place:**