

For Office Use Only
Inward No: _____
Date: _____
Signature: _____

## CAM Institute of Allied Health Sciences & Technology

Gokal Nagar, Karamsad – 388 325, Dist. Anand (Gujarat)

Phone: ( 02692) 222130 / 228452

www.bhaikakauniv.edu.in



### Application Form for Undergraduate Courses

#### Instructions:

- Students should carefully read the rules for admission contained in the prospectus before submitting the Application Form.
- Every entry in the form must be completed. Incomplete applications are liable to be rejected.
- No Application for admission will be considered unless it is accompanied by the attachments of necessary documents as specified.
- Please mention your choice of course-specialization in order of your priority; you may mention as many choices as you wish, admission will however be offered depending on the availability of seats.

Please affix  
Your  
Passport size  
Photograph

#### Course Code:

<b>B.Sc. Medical Technology Specialization</b>	Clinical Laboratory Technology	Imaging Technology	Respiratory Care Technology	Operation Theatre & Anaesthesia Technology	Radiotherapy Technology
<b>Course Code</b>	CLT	IMT	RCT	OTAT	RTT

#### 1. Order of Choice of Course-specialization for Admission:

Order of Priority for Admission	Course Code
1	
2	
3	
4	
5	

#### 2. Personal Details:

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age : \_\_\_\_\_ Gender : Male /Female \_\_\_\_\_

Address for Communication: \_\_\_\_\_

Pin code: \_\_\_\_\_ Dist. \_\_\_\_\_ State: \_\_\_\_\_

Contact No.(R) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E mail: \_\_\_\_\_

### 3. Details of Qualifying Examination:

Exam	Subjects	Board of Examination	% Marks
			Group A - Total of Phy, Chem & Maths Group B - Total of Phy, Chem & Biol Group AB - Total of Phy, Chem, Biol & Maths
S.S.C. (Std 10 <sup>th</sup> ) Year of Passing			
H.S.C. (Std 12 <sup>th</sup> ) Year of Passing			

### UNDERTAKING

I have read & understood the terms for the admission & agreed to abide by the same and in case of any incorrect information on my part, I am liable to be discontinued from the college and all the fees will be forfeited. I also hereby agree, if admitted, to confirm to rules & regulations at present in force or that may hereafter be made for the governance of the course.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

(Signature of the Candidate)

### 4. Attachments:

a. Demand Draft / at-par cheque (subject to realization) No. \_\_\_\_\_ issued on the (Name of Bank) \_\_\_\_\_ of Rs. 300/- ( Rupees three Hundred Only) in favour of "Charutar Arogya Mandal" payable at Anand. **(Only with downloaded form)**

b. Self attested copies of

- i. Marks Sheet of S.S.C. (Std. 10<sup>th</sup>)
- ii. Mark Sheet of H.S.C. (Std.12<sup>th</sup>)
- iii. School Leaving Certificate
- iv. Character & Attempt Certificates from Principal of the school last attended

### For Office Use Only:

Student : Eligible  Not Eligible

Student : Admitted  Not Admitted

Remarks (If any):

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Incharge  
Admission Committee