

APPLICATION FOR D.M.L.T. / CMLT COURSE
E.T.C.M. HOSPITAL, KOLAR - 563 101, KARNATAKA
AFFILIATED TO GOVT. OF KARNATAKA PARA MEDICAL BOARD
AND C.M.A.I.

Attested by School
Head last studied

This form must be filled in English by the applicant in his/her own handwriting and send to
the Medical Superintendent E.T.C.M. Hospital, Kolar - 563 101. Karnataka on or before 10th July
2010.

1. Name in full (in block letters)
2. Address (a) Present
- (b) Permanent
- (c) Phone No.
- (d) Mobile
- (e) E - mail
3. Birth (a) Place of Birth
- (b) Date of Birth Age
4. Marital Status: Married / Not married
5. Father's/Guardian's Name
- Occupation Income
- No. of Brothers Sisters

Academic	Name of the Institution	Years attended	Subjects studied	No. of attempts	Total Marks obtained	Class
S.S.L.C.						
P.U.C						

6. Religion Denomination

7. (a) Educational Qualification
 (b) Enclosing attested marks cards of the above courses and any other course done in addition to them

8. Was there found break in your studies , if so why and for how long ?

9. Give the names and address of your pastor and of two persons who knows you well for reference (not related).
 Pastor's Name & address
 Ref. 1.
 Ref. 2.

10. Are you sponsored ? Yes/No
 If 'yes' by which institution / Church ?
 (Enclose Sponsorship letter)

11. Have you applied for any other C.M.A.I. training course ? If so, mention the name of the course and center

12. Write a letter as to why you desire to become a Laboratory Technician (15 to 20 lines).
I declare that the information given above is true to the best of my knowledge and belief. I will abide by all the rules & regulations of the institution , failing which the institution is free to take any disciplinary action.

Signature of the Parent / Guardian
 Date:
 Place:

Signature of the Applicant