

UNIVERSITY OF KERALA

INTER UNIVERSITY CENTRE FOR GENOMICS AND GENE TECHNOLOGY KARIAVATTOM, THIRUVANANTHAPURAM

APPLICATION FOR ADMISSION TO THE P.G.DIPLOMA COURSE IN MOLECULAR DIAGNOSTICS FOR THE YEAR 2023

1.	Name in Full (in Block Letters)	:			
2.	Expansion of Initials	:			
3.	Age	:			
4.	Date of Birth (In Christian Era)	:			
5.	Place of birth with Nationality, Taluk and District	:			
6.	Sex	:	Male /Female		
7.	Permanent Home Address	:			
8.	Address to which communications to be sent Contact Phone Numbers	:			
9.	Name and address of the parent or Guardian with Telephone No. And Annual Income	:			
10.	Name and Address of Local Guardian, if any	:			
11.	Religion and Caste (if you belongs to Backward Community, Scheduled Caste/Scheduled Tribe, give Community or Sub section with documentary evidence)	:			
12.	Details of Academic Qualifications	:			
Course	College/ University	Period of Study	Year of passing the Exam and Reg. No.	Percentage of Marks	Remarks

Attach certified copies of Mark List for BSc. (Optional,) MSc. Degree Examination and Registration Fee Receipt.					
13.	Present Employment, if any				
14.	Research Experience with publications, if any (give details)				
15.	Teaching Experience (give details)				
16.	Have you been in receipt of any Scholarship or fee concession, if so, give details				
17.	Any other qualifications or information the candidate may wish to add				
18.	Number and Date of Transfer Certificate produced				
19.	What defects, if any, were noticed by the Medical Officer at the last inspection. Have these remedied?				
20.	List of documents attached				
21.	Receipt No. And date of Application Fee and Registration Fee				

DECLARATION

I,do hereby declare that the statements made in the application are true and that the documents attached herewith are true copies of the originals in my possession, which will be produce for verification when required. I have read through the Prospectus and II accept the terms and conditions mentioned therein.

Place:
Date:

Counter signed by the
Parent/Guardian

Signature of the
Applicant

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FOR OFFICE USE ONLY

Remarks :

Date of Admission :

Fee Remitted :

Head of the Department