

# SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

## APPLICATION FORM

(TO BE FILLED IN BY THE APPLICANT IN HIS/HER OWN HAND)

APPLICATION FOR:	<input type="checkbox"/> CT Technician	<input type="checkbox"/> Radiographer
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Fee: Each application must be accompanied by DD worth of Rs. 300/- (Rupees Three Hundred only) in favor of "Registrar, ASUMMDI, Amritsar" payable at Amritsar.

DEMAND DRAFT PARTICULARS	DD Number		Date	
	Bank Name			

Paste securely your 35x35 mm size latest color photograph, then sign and get it attested.

- 1) Full Name of the candidate: \_\_\_\_\_
- 2) Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- 3) Gender: \_\_\_\_\_
- 4) Father's / Husband's Name: \_\_\_\_\_
- 5) State of Domicile: \_\_\_\_\_
- 6) Permanent Address: \_\_\_\_\_  
(As Per Attached ID Proof)
- 7) Correspondence Address: \_\_\_\_\_
- 8) ID Proof Attached: \_\_\_\_\_ Mobile No. \_\_\_\_\_

### Qualification & Experience

Each candidate must have passed B.Sc. (RIT)/ Diploma (RIT) from Govt. Recognized Institute. Candidate having experience in the same field will be preferred.

- 9) Working Experience: \_\_\_\_\_ Current Salary: \_\_\_\_\_ Notice Period Required: \_\_\_\_\_  
(Attach Proof)
- 10) Particulars of the Qualifying Examination

School/ College	Subjects	Year/ Session	Marks

### DECLARATION

I declare that I have filled in this application form in my own hand. I fully understand that if the information given herein by me is found to be incorrect at any stage, my admission to the course if granted shall stand cancelled.

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

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

\_\_\_\_\_  
(Signature of the Candidate)