



# MADHUSTHALI INSTITUTE OF PARAMEDICAL SCIENCES

Plot No.-86, Vill: Salaiya, P.O.-Madhupur, Dist: Deoghar, Jharkhand - 815353

## APPLICATION FORM FOR ADMISSION

### Two Years Diploma Programme

- MEDICAL LABORATORY TECHNOLOGY (DMLT)
- OPERATION THEATER ASSISTANT (DOTA)
- MEDICAL RADIOGRAPHY (DMR)
- SANITARY INSPECTOR
- ECG TECHNICIAN

### One Year Certificate Programme

- DRESSER (CD)

Paste recent  
passport size  
colour  
Photograph

Session: 20 \_\_\_\_\_ to 20 \_\_\_\_\_

Affiliated by:

**Jharkhand State Paramedical Council, RIMS Campus, Ranchi**  
(Dept. of Health Education & family Welfare, Govt. of Jharkhand)

FOR OFFICE USE ONLY

Form No.:  Enrollment No.:  Admission Date:

Course:  Institution Roll No.:  Council Registration No.:

Name of Applicant:

### CHECKLIST OF DOCUMENTS -Two sets of photocopies (Please tick in the boxes)

- Original Money Receipt
- Original CLC/SLC/DLC
- Original Migration
- Attested Photocopy of Mark sheet of 10th (Secondary) /12th (Intermediate)
- Attested Photocopy of Provisional Certificate from board/council
- Attested Photocopy of admit card of Class 10/Class 12
- Attested Photocopy of Caste Certificate
- Attested Photocopy of Residence/ Domicile certificate
- Attested Photocopy of Income Certificate of current year
- Attested Photocopy of Id Proof (Adhaar Card)
- Attested Photocopy of Address Proof
- Eight (08) Passport size photograph
- Original Affidavit
- Attested Photocopy of Other Certificate (if any)

Remark (if any)

Signature of Admission In- Charge

## A. General Information

1. Application for admission to (Name of the Course)

2. Year of the Course  Semester

3. Candidate's Name ( BLOCK LETTERS)

4. Father's Name( BLOCK LETTERS)

5. Mother's Name( BLOCK LETTERS)

6. Address for Correspondence(Permanent)

Village/Town  P.O.  P.S.

District.  State  Pin

7. Address for Correspondence(Present)

Village/Town  P.O.  P.S.

District.  State  Pin

8. Contact : (i) Mobile No.

(ii)E-mail ID

9. Category : General  SC  ST  OBC  PH

10. Gender : Male  Female

11. Date of Birth: Date   Month   Year

12. Nationality  13. Aadhar Card no.

14. Academic Record ( in chronological order with the most recent examination appearing on top)

Sl.no.	Examination Passed	Board/University	Subject	Year	Division/ Class	Full Marks	% of Marks

15. Any other relevant information

16. Details of demand draft of Rs.500/- drawn in favour of Madhusthali Institute of Paramedical Sciences Payable at Madhupur.(If applicable)

Demand Draft No.

Issuing Date

Issuing Bank

Branch

I certify that the information provided in this application is correct.

Place :

Date:

Signature of the Candidate

(For Office Use)

Dealing Asst

Head of the Department

Principal / In-Charge

**B.Undertaking/Declaration by the Students during Admission in DMLT/DOTA/DMR/  
Sanitary Inspector/ECG Technician/Dresser Course**

I Mr.....son/daughter/wife of Shri/Smt.....  
residing at.....and have applied for admission to  
DMLT/DOTA/DMR/Sanitary Inspector/ECG Technician/Dresser Course in Madhustali Institute of Paramedical Sciences  
(MIPS), Madhupur and after having gone through the Rules and Regulations with particular regard to maintaining the  
discipline of the Institute in all its forms and aspects. I, therefore, undertake and declare that:

- a) I will abide by the rules and regulations of the Institute that are in force as of now and/or that may be in force from time to time.
- b) I undertake and declare that during the period of my studies at MIPS, I will not indulge in any act of indiscipline causing the good name of the Institute or take part in any activity organized by the students teacher or by any organization on behalf of the students on any ground which may be detrimental to the interest of the institute or which may impede proper functioning of the institute or in any way may hamper imparting education to the students of the Institute which may lead up to my expulsion from the institute.
- c) I am aware that if my attendance in DMLT/DOTA/DMR/Sanitary Inspector/ECG Technician/Dresser Class unfortunately becomes less than 80% of the total class conducted then, I will not be allowed to appear in DMLT/DOTA/DMR/Sanitary Inspector/ECG Technician/Dresser Examination.
- d) I will attend all practical classes in the institute.
- e) I will be adhering to the Institution DRESS CODE (wearing of Institute Uniform and ID card is a must. I am aware that the authority may not permit me to enter into the Campus/Class Room/Tutorial Room/Labs/ Examination Hall, if I fail to adhere to the Dress Code specified by the Institute. Breach of Dress Code will be treated as gross indiscipline on the part of me for which I may be liable to be punished in such manner as may be decided by the Institute Authority.
- f) I undertake to pay Academic Fee and/ Hostel Fee or Exam Fee in time, failing which I shall be bound to pay the financial penalty as per Notification of the Institute Authorities from time to time.
- g) I also undertake that if as a result of any act of indiscipline of mine, any property or equipment of the campus of the Institute or its hall of residence is damaged or any loss is caused to the Institute, the cost of the same will be borne by me.
- h) I undertake I shall always behave responsibly in the Institute and will not do any such thing that may hurt other students, faculties and staffs of the institute and in- campus other school and college i.e., MV and MITT.
- i) I hereby submit to the disciplinary jurisdiction of the Institute that I shall neither myself indulge in nor instigate other students to ragging or do anything to disturb the academic atmosphere of the Institute. In case of any act of misconduct on my part, the institute is free to inform my parents / guardian besides taking any disciplinary action against me as per institute rules and regulations and Supreme court verdict about the unlawfulness of ragging in educational Institute .I know that as per the Hon'ble Apex Court directive any prove of my involvement in ragging may liable me for severe punishment which may go up to summary expulsion from institute and forfeiture of my prayer for admission elsewhere.
- j) I therefore undertake that I shall be bound to accept such punishments as may be prescribed by any court / disciplinary committee constituted for the purpose at any level for involving myself in ragging or supporting directly/indirectly ragging inside/outside of the campus(including Institute hostels) or suppressing the information regarding ragging from the appropriate authority.
- K) I undertake not to participate in any other course organized by other authority / organization simultaneously without written permission from the institute authority and that the decision of the authority in this regard shall be final and binding on me.
- l) I am fully aware that the students' canteen of the Institute will provide only vegetarian food and I shall make no demand for providing non-vegetarian food.
- m) I am fully aware of the purpose of caution deposit. I therefore, undertake that I shall not pray for its adjustment with any of the fees or charges during my studentship. I am also aware that I shall get back the amount interest free after the cessation of studentship on submission of "NO DUES 'certificate from all the relevant departments.

Date 

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Place 

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\_\_\_\_\_  
Name of the Student

\_\_\_\_\_  
Signature of Student

### C. Medical History (To be filled up by the Students/Doctors)

#### Medical Information

a) Do you have colour Blindness?

b) Do you use spectacles?

If yes provide the detail below

Eye Report	RE				LE			
	SHP	CYL	AXIS	VISION	SHP	CYL	AXIS	VISION
D.V.								
N.V.								

Blood Pressure	Blood Group	Allergies to medicine and food	
Height (Feet and Inches)	Flat Feet ( Y / N )	Knock Knees ( Y / N )	Weight in Kgs

c) History of Major Illness

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Father/Mother

\_\_\_\_\_  
Signature of Family Doctor with registration number

### D. Declaration By Applicant

I ..... hereby declare that I have read and understood the conditions for the eligibility of the course/Programme for which I seek admission.

All information provided by me is correct to the best of my knowledge.

In the event of any information provided by me is found incorrect or misleading, my candidature shall be liable to be cancelled by the institute at any stage, and I shall not be entitled to any refund of fee paid by me to the Institute.

I hereby agree to follow all rules & regulations of the Institute which may be modified from time to time, if I am granted admission.

I shall submit my migration certificate after I getting admission to MIPS. [Migration Certificate in original needs to be submitted in case the last examination was under any other university [outside Jharkhand State].

The selection committee's decision is final and binding on all matters of admission to the respective course.

\_\_\_\_\_  
Signature of Applicant

### E. Parents'/Guardian's Undertaking

I solemnly declare that I have fully understood the Rules and Regulations of MIPS and hereby undertake the responsibility for good and disciplined behaviour of my ward Mr./Miss/Mr. .... as long as he/she remains a student of this Institute. I also understand that all fees once deposited are not refundable.

\_\_\_\_\_  
Signature of Applicant's Father/Mother

\_\_\_\_\_  
Signature of Applicant's Guardian