

ADMISSION NOTIFICATION  
SECOND COUNSELLING FOR ADMISSION TO THE DIPLOMA MEDICAL LABORATORY TECHNOLOGY  
FOR THE ACADEMIC YEAR 2013-2014.

It is informed that certain seats are vacant after the first counseling and the students desirous of seeking admission to the Diploma Medical Laboratory Technology are requested to attend the 2<sup>nd</sup> counseling scheduled to be held at 10:30 Am on **20-09-2013** in the premises of Institute of Preventive Medicine, Narayanaguda, Hyderabad. Details are given below:

Name of the Course	Diploma in Medical Laboratory Technology	
Duration of the Course	Two years.	
Qualification for admission	Intermediate Bi-PC,MLT,MPC,MEC,CEC and other groups of Intermediate	
How to apply & Registration fee	Prescribed applications can be downloaded from the web site: <a href="http://ipm.ap.nic.in">http://ipm.ap.nic.in</a> . Filled in applications should be submitted at the time of Counseling. Rs.100/- per candidate payable by way of D.D. drawn in favour of the Director, IPM and Chairperson, IPM College of MLT payable at Hyderabad at the time of Counseling.	
Fee	All the Candidates are required to remit, <b>immediately on selection for admission</b> , an amount of Rs. <b>9,500/-</b> (Rupees nine thousand five hundred only) by way of demand draft drawn on any Nationalized Bank in favour of “ <b>Director, I.P.M., &amp; Chairperson, I.P.M. College of Medical Laboratory Technology</b> ” payable at Hyderabad. If the candidates fail to pay the fee at the time of counseling-cum-admission session immediately on selection, the seat will be offered to the next candidate(s) as per the order of merit. Fees for the Academic year will have to be paid at the beginning of the year for 2 <sup>nd</sup> year DMLT Post-Matric Scholarships to SC/ST/BC Students is subject to sanction by the Government.	
Status of the College	State-wide Institution.	No.of seats
Number of seats to be filled up	1.Open Category-General- Andhra University	One seat
	2.Open Category-General; Andhra University	One seat
	3.Open Category-General Andhra University	One seat
	4.Open Category-General Andhra University(W)	One seat
	5.Open Category-General Andhra University(W)	One seat
	6.Open Category-General- Osmania University	One seat
	7. Open Category-General- Osmania University(W)	One seat
	8.Open Category-General- Sri Venkateswara University	One seat
	9.Open Category-General Sri Venkateswara University	One seat
	10.Open Category-General Sri Venkateswara University(W)	One seat
	11.BC-A- AU/OU/SVU	One seat
	12.BC-A(W)AU/OU/SVU	One seat
	13.BC –B-AU/OU/SVU	One seat
	14.BC-B(W)AU/OU/SVU	One seat
	15.BC-D- AU/OU/SVU	One seat
	16.BC-D-(W)AU/OU/SVU	One seat
	17.BC-E- AU/OU/SVU	One seat
	18. SC-Andhra University	One seat
	19. SC(W)- Andhra University(W)	One seat
	20. SC- Osmania University	One seat
	21. SC- Sri Venkateswara University	One seat
	22. ST-AU/OU/SVU	One seat
	23. ST-(W)AU/OU/SVU	One seat
	24. Open category General Non-Local (W).	One seat
	25.BC-A/B/C/D/E(Non-Local)	One seat
	26.SC-Non-Local	One seat
Certificates to be submitted <u>in original</u> for verification at the time of counseling-cum-admission.	Intermediate and Secondary School Certificate showing date of birth. Study Certificate from 6th to S.S.C in case of regular students. If not studied from 6th class to S.S.C in any School, residence certificate issued by the MRO for that period. Transfer Certificate from the Institution where the candidate last studied. Income Certificate of parents issued by the Tahasildar on or after 01-04-2013. Community, Nativity and Date of Birth Certificate issued by the Revenue Authorities.	

**Note:** Classes will be conducted at Narayanaguda, Hyderabad. The College has no hostel attached to it. Students have to make their own arrangements for accommodation during the Course of Training. The students coming for walk-in-counseling have to stay for one more day if necessary

Sd/-  
DIRECTOR  
PRINCIPAL & CHAIRPERSON



## ANDHRA PRADESH PARAMEDICAL BOARD

# 306, Directorate of Medical Education office Complex, Behind Kendriya Sadan, Koti, Hyderabad-500 095  
Phone: 040 24653519 Website: www.appmb.org.in Email: secretary@appmb.org.in

### APPLICATION FOR ADMISSION TO PARAMEDICAL COURSES FOR THE ACADEMIC YEAR

(TO BE FILLED IN DUPLICATE BY THE CANDIDATE WITH HIS/HER OWN HANDWRITING) MARK TICK  IN APPROPRIATE SPACE

READ THE INSTRUCTIONS ATTACHED HEREIN CAREFULLY BEFORE FILLING THE APPLICATION

COURSE APPLIED FOR \_\_\_\_\_ Code Number

Application No.  District  Registration No.

<b>1. FULL NAME</b> (In Block letters as in SSC / Equivalent Exam Certificate)	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	Affix Recent Photo graph Signed by the Applicant								
<b>2. NAME OF THE FATHER, Or GUARDIAN</b>	:	<input type="text"/>									
<b>3. NAME OF THE MOTHER</b>	:	<input type="text"/>									
<b>4. AGE &amp; DATE OF BIRTH</b> As entered in SSC or Equivalent Examination (Copy to be enclosed)		<table border="1"><thead><tr><th>Age</th><th>Date</th><th>Month</th><th>Year</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	Age	Date	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Age	Date	Month	Year								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
<b>5. MOTHER TONGUE</b>	:	<input type="text"/>									
<b>6. PLACE OF BIRTH</b>	:	<table border="1"><thead><tr><th>Village</th><th>Mandal</th><th>District</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	Village	Mandal	District	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Village	Mandal	District									
<input type="text"/>	<input type="text"/>	<input type="text"/>									
<b>7. RESERVATION CLAIMED</b> (Please enclose certificate issued by the Competent Authority)	:	<table border="1"><thead><tr><th>SC</th><th>ST</th><th>BC</th><th>OC</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	SC	ST	BC	OC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SC	ST	BC	OC								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<b>8. NAME OF THE DISTRICT</b>	:	<table border="1"><thead><tr><th>LOCAL</th><th>NON LOCAL</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	LOCAL	NON LOCAL	<input type="checkbox"/>	<input type="checkbox"/>					
LOCAL	NON LOCAL										
<input type="checkbox"/>	<input type="checkbox"/>										
<b>9. EDUCATIONAL QUALIFICATION</b> (Please enclose copy of relevant certificate of qualifying examination)	:	<input type="text"/>									
<b>10. WHETHER PASSED</b>	:	<table border="1"><thead><tr><th>If in single attempt: Division : I/II/III</th><th>Compartmental</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	If in single attempt: Division : I/II/III	Compartmental	<input type="checkbox"/>	<input type="checkbox"/>					
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<input type="checkbox"/>	<input type="checkbox"/>										
<b>11. TOTAL MARKS SECURED</b>	:	<table border="1"><thead><tr><th>Maximum Marks</th><th>Marks Obtained</th><th>Percentage</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	Maximum Marks	Marks Obtained	Percentage	<input type="text"/>	<input type="text"/>	<input type="text"/>			
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<input type="text"/>	<input type="text"/>	<input type="text"/>									

**12. PARTICULARS OF STUDY:** furnish the following details for the four / seven consecutive academic years ending with the month and year (Copy of Study, Bonafide certificate from the Heads of the Institutions / Govt. /ZPH / Private School should be enclosed as proof).

S.No.	Academic year	Class in which studied during the year ( if not studied in any year, state so and specify the reason in the remarks column)	Name and place of the Institutions in which studied and the district in which Institution is situated	Remarks
1		PRIMARY EDUCATION		
2		VI CLASS		
3		VII CLASS		
4		VIII CLASS		
5		IX CLASS		
6		X CLASS		
7		INTERMEDIATE		

**Note:** In reckoning consecutive academic years of study, any period of interruption of study by reason of his / her failure to pass any examination other than the qualifying examination as entered in Column (a) shall be disregarded. In such cases information of the earlier academic years should also be indicated till information for four / seven academic years is furnished.

**DECLARATION**

I hereby solemnly and sincerely affirm that the information furnished by me in the application form and also in all the enclosures there to submitted by me are true and correct to the best of my knowledge and belief and if found that any information furnished therein is fraudulent, incorrect or untrue I am liable to criminal prosecution. Further I also agree to forego my seat in the college unconditionally.

I shall abide by the decision of the Selection Committee which shall be final and binding on me.

I also further declare that I will pay the fee in full for the entire period of the course in-case I discontinue the studies in the middle and take back my original certificates submitted at the time of admissions.

Total No. of enclosures ( )

**SIGNATURE OF THE APPLICANT**

I have fully read the information furnished by my son / daughter / ward and affirm that it is true and if it is proved that the information was fraudulent, I am liable to criminal prosecution.

**ADDRESS FOR COMMUNICATION WITH MOBILE PHONE NUMBER:**

**SIGNATURE OF FATHER / GUARDIAN**

Note: No application will be deemed complete unless this declaration is signed by the candidate and parent / guardian.

**FOR OFFICE USE ONLY**

Remarks :  
Checked by :