

## **UIHMT GROUP OF COLLEGES**

Affiliated to HNB Uttarakhand Medical Education University & Sri Dev Suman Uttarakhand University Affiliated to HNB Garhwal Central University, Srinagar (Garhwal), Recognized by Ministry of Health & Family Welfare (Uttarakhand), Recognized by Indian Nursing Council (New Delhi), Approved by Indian Association of Physiotherapist

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Admiss	ion Form for - B.Sc. MLT/B.S	Sc. MM/BMRIT/BH	M/DHM		
1. Candidate Name	<b>:</b>	Male/Female			
2. Father's Name	······				
2 M-41 2 N					
3. Mother's Name	·		••••••		
4. Local Guardian	······				
5. Date of Birth	:				
6. Nationality	:7 M	arital Status			
7.					
8. Category (Gen/SC/ST	T/OBC/Handicapped etc.)				
9. Permanent Address	:				
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10. Tel & Mob No.	·				
11. e-mail ID	:				
12. Course Applied for	:				
13.			1 1		
Name of the Examination	ame of Board/ University	Subject	Year	Marks Obtained	%
Examination				Obtained	
I declare that the part	icular given above are true the b	est of my knowledge	<b>&gt;.</b>		
I also declare that I w	ill abide by all the rules and reg	ulations of the colleg	e and unive	rsity.	
14. A/C No. Form 33543	3537623 IFSC Code: SBI	N0010497, Branch	Name: SBI	<b>Race Course</b>	
Dehradun					