

APPLICATION FORM  
**ACADEMIC BOARD**

ALL INDIA MEDICAL LABORATORY TECHNOLOGISTS' ASSOCIATION

Self-attested  
Recent Pass-  
port size Photo  
(4 copies)

**Fill up the form in CAPITAL LETTERS**

1. Name of the Examination:
2. Institute/ College Name:
3. Candidate Name:
4. Father Name:
5. Mother Name:
6. Local Guardian Name:
7. Date of Birth:
8. Present Address:
9. Permanent Address:
10. Academic Qualification:

Year	Examination Passed	Board/ University	Division	% of Marks
11. Professional Qualification:

Year	Name of the Course	Institute/ College Name	Division	Duration
12. Details of Experience and appointments held:

Hospital/ Institute Name	Designation	Period of Service
13. AIMLTA Membership No.:  State Name:
14. Bank Draft No.:  Date:  Amount Rs.:
15. I like to appear in the above mentioned examination and I shall abide by all the rules and regulations of the Academic Board.

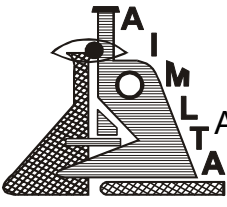
Date:  Checked by  Full Signature of the Candidate  
Authorized Person of Institute/ College

N.B.: For items No. 7, 10, 11 and 13, necessary self-attested certificates/ documents must be enclosed.

**FOR OFFICE USE**

Date:  Registration No.:  Session:   
Received Examination Fee Rs.  Receipt No.:

Chairman  
Academic Board, AIMLTA



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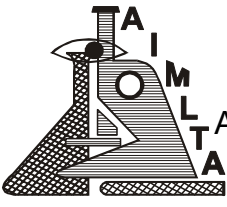
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12. Details of Experience and appointments held:
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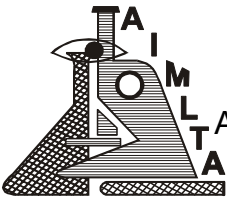
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1. Name of the Examination: **ANNUAL PG DMLT (ONE YEAR COURSE) EXAM. 202**
2. Institute/ College Name: \_\_\_\_\_
3. Candidate Name: \_\_\_\_\_
4. Father Name: \_\_\_\_\_
5. Mother Name: \_\_\_\_\_
6. Local Guardian Name: \_\_\_\_\_
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