

ALL INDIA MEDICAL LABORATORY TECHNOLOGISTS' ASSOCIATION

Self-attested Recent Passport size Photo (4 copies)

Fill up the form in CAPITAL LETTERS

1.	Name of the Examination: ANNUAL DMLT/ IN-SERVICE (ONE YEAR COURSE) EXAM. 202												
2.	Institute/ C	College Name:											
3.	Candidate	Name:											
4.	Father Na	me:											
5.	Mother Name:												
6.	Local Guardian Name:												
7.	Date of Bi	rth:				•			-				
8.	Present A	ddress:											
9.	Permaner	nt Address:											
10.		Qualification:											
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14.	Bank Draf			Date:			Amour						
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N.B.: F	or items N	lo. 7, 10, 11 and 13	}, nece	ssary self-att	tested cer	tificates/ dod	cument	s must b	e enclosed.				
_				FOR OFFIC	E USE								
Date:	te: Registration No.: Session:												
Recei	ved Examir	nation Fee Rs.				Recei	pt No.: [

Chairman Academic Board, AIMLTA



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Fill up the form in CAPITAL LETTERS

1.	Name of the Examination: ANNUAL DMLT/ FIRST YEAR (TWO YEARS COURSE) EXAM. 202																						
2.	Institute/ College Name:																						
3.	Candidate	Name:																	\mathbb{I}	\prod			
4.	Father Name:																						
5.	Mother Name:																						
6.	Local Guardian Name:																						
7.	Date of Birth:																						
8.	Present Address:																						
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1.	Name of the Examination: ANNUAL DMLT/ FINAL YEAR (TWO YEARS COURSE) EXAM. 202																				
2.	Institute/ College Name:																				
3.	Candidate	Name:																\prod			
4.	Father Name:																				
5.	Mother Name:																				
6.	Local Guardian Name:																				
7.	Date of Birth:																				
8.	Present Address:																				
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Fill up the form in CAPITAL LETTERS

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:															
7.	Date of Birth:															
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		Hospital/ In				D	esigna	ation		Perio	od c	of Se	ervice			
13.	AIMLTA M	embership No.:				 ⅂ St	L ate N	ame:								
14.	Bank Draf			Date	e: [Amo	unt	Rs.:					
15.	I like to ap	pear in the above Academic Boa		ned examir	nation a	nd I s	shall	abide l			_	and	l reg	ula-		
Date:		Auto	Checkerised Pers	ed by son of Instit	ute/ Co	llege		Full Si	gnatu	ıre c	of the (Car	ıdida	ate		
N.B.: F	or items N	o. 7, 10, 11 and	13, neces	ssary self-a	ittested	cert	ificate	es/ dod	ume	nts ı	must b	эе є	enclo	osed.		
FOR OFFICE USE																
Date:		Regi	stration N	lo.:					Sess	sion	:					
Recei	Received Examination Fee Rs. Receipt No.:															

Chairman Academic Board, AIMLTA