



SL No : _____

Photo

BANGALORE BAPTIST HOSPITAL INSTITUTE OF ALLIED HEALTH SCIENCES

Bellary Road, Hebbal, Bangalore -	- 560024, India Ph	: 080-22024700 exter	nsion 1601,	Mobile No.	8277106517

APPLICATION FORM

3.3 Years Diploma Programmes 2024-25

(Affiliated to Karnataka Para Medical Board Bangalore, Karnataka)

Date of Birth: ______ Age: _____Gender: _____

Email Id: _____Mobile No:_____

Transaction details / DD for Application fee :

PLEASE READ THE ELIGIBILITY CRITERIA AT THE END OF THE APPLICATION FORM BEFORE FILLING IT.

COURSE APPLIED FOR (Pick only one course per application)

Details of Qualifying examination passed:

10th Std/SSLC

Name: ____

Year of Passing

sing

No. Of Attempts

List of available courses for post 10^{th} / SSLC candidate –

3.3 years Diploma in Medical Laboratory Technology
3.3 years Diploma in Medical Records Technology
3.3 years Diploma in Medical Imaging Technology
3.3 years Diploma in Ophthalmic Technology

I. Personal Information:

1	Permanent Address (as mentioned in Aadhar card)	
2	Present Address	
3	Aadhar Number	

4	Father's Name : Telephone No/ Mobile No : Email Id: Occupation :	Mother's Name : Telephone No/ Mobile No : Email Id: Occupation :
5	Mother Tongue	
6	Religion (If Christian, state your denomination)	
7	Marital Status	
8	Are you sponsored by any organization? (If yes, give name and address of sponsoring body)	
9	Do you have any Relative / Parents in BBH? (If yes, Name of Employee / Dept. / Relationship)	
10	Have you applied for any Central / State government scholarship? (if yes mention the details)	

II. Family Details

Member	Name	Age	Qualification	Occupation
Self				
Father				
Mother				
Brothers				
Sisters				
If married Spouse				
Children				

III. Academic Record

Examination Passed	Name of College / School	University / Board	Max Marks	Marks Obtained	Medium of Instruction
10 th Std.					

Following copies to be couriered to The Principal, Allied Health Sciences, Bangalore Baptist Hospital, Bellary Road, Hebbal Bangalore – 560024.

- Duly filled Application form
- DD of Rs.500/- in favour of BANGALORE BAPTIST HOSPITAL
- Copy of Mark sheets : 10th std., 12th Std. & Degree (If any)
- Transfer Certificate (TC)
- Migration Certificate for Non-Karnataka Candidates/ proof of application
- Study Certificate
- Character / Conduct Certificate (Head of the Institution)S
- Certificates of extra-curricular activities(only for previous 5 years)
- Church Membership & Testimonial letter from Church Pastor (only for Christians)
- If sponsored, a copy of the letter & agreement from the sponsoring body for financial support / service obligation
- Passport size recent colour photos 2nos.
- In case of BBH Staff Child, a letter from the BBH HR department
- Testimonials -2 in number from principal / teachers
- Aadhar card copy

NOTE:

- Please read the eligibility criteria before filling the application form.
- Do not send original certificates.
- Make sure you are eligible to apply before filling application.
- This form should be legibly filled in Capitals in candidate's own handwriting.
- Incomplete applications will not be accepted.
- Verification of eligibility to course is solely the responsibility of the candidate