



Sl. No : _____



**BANGALORE BAPTIST HOSPITAL
INSTITUTE OF ALLIED HEALTH SCIENCES**

Bellary Road, Hebbal, Bangalore – 560024, India Ph: 080-22024700 extension 4447, Mobile No. 8277106517

**APPLICATION FORM
B.Sc (RGUHS) / 2 .3 years Diploma (PMB Karnataka) Programmes 2025-26**

Name: _____ 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:

12 th /PUC with science	<input type="text"/>	Year of Passing	<input type="text"/>	No. Of Attempts	<input type="text"/>
12 th /PUC with arts/commerce	<input type="text"/>	Year of Passing	<input type="text"/>	No. Of Attempts	<input type="text"/>

List of available courses for post 12th/PUC candidate –

*B.Sc Medical Laboratory Technology
*B.Sc Medical Imaging Technology
*B.Sc Anaesthesia and OT Technology
*B.Sc Radiotherapy Technology
*B.Sc Cardiac Care Technology
*B.Sc Emergency and Trauma Care Technology
2.3 yrs Diploma in Medical Laboratory Technology
2.3 yrs Diploma in Medical Imaging Technology
2.3 yrs Diploma in Operation Theatre and Anaesthesia Technology
2.3 yrs Diploma in Ophthalmic Technology
2.3 yrs Diploma in Medical Records Technology

Note: * Do you want to be considered for the Diploma if not qualifying for BSc.

Yes /No: _____

Have you applied for any other course in BBH. If yes which one: _____

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. Academic Record

Examination Passed	College / School	University / Board	Medium of Instruction
12 th Commerce / Arts			
12 th Science Specialities			

To be filled by If 12th Science Group

Subjects	No. of Attempts	Max Marks	Marks Obtained
Physics			
Chemistry			
Maths			
Biology			
Computers			
Total			

III. Family Details

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

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)
- Eligibility Certificate for Non-Karnataka Candidates/ proof for applying
- Transfer Certificate (TC)
- Migration Certificate for Non-Karnataka Candidates
- Study Certificate
- Character / Conduct Certificate (Head of the Institution)
- 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 – 2 nos.
- In case of BBH Staff Child, a letter from the BBH HR department
- Testimonials -2 in number from principal / teachers
- Aadhar card copy

Read the Instructions for 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
- Maths in PUC is mandatory for B.Sc Radiotherapy Technology