

# PURI SARASWATI INSTITUTE OF MEDICAL SCIENCE

AT/PO.- BALIA, PS- SAHADEVKHUNTA, BALASORE.

## Application form for DMLT course 2021-22

PHOTO PP

To be filled in by candidate's own handwriting

- (1) FULL NAME OF THE CANDIDATE AS RECORDED  
IN THE H.S.C OR EQUIVALENT CERTIFICATE

(In block letter).....

- (2) CATEGORY CLAIMED- GENERAL /S.C./S.T./P.H./ Green Card Holder/  
(Put Tick mark on whichever is applicable). Ex- Servicemen or Servicemen

- (3) Date of Birth.....  
(As recorded in H.S.C. or equivalent examination certificate)

- (4) Age as on 31.07.2014 (the year of admission).....

- (5) Nationality..... (6) Married/Unmarried..... (7) Religion.....

- (8) Educational Qualification.....

- (9) Permanent home Address:-

Village / Town.....PO - .....PoliceStation.....

Tahasil- ..... Dist- .....Pin .....

- (10) Present Address .....

(For correspondence).....

Contact No .....Pin .....

- (11) Full Name of Father/Husband .....

Occupation..... Address .....MOB NO.....

.....  
**(12) Guardian's Name (if father is dead)**

**Occupation.....**

**Address.....**

**Relationship with candidate .....**

**DECLARATION**

I declare that above statement of particulars furnished by me are true in all respects and as such, I undertake that if subsequently will be found to have given wrong information with regard to the marks, certificates and documents produced by me in connection with my admission, then my name will be immediately removed from the Training Centre in addition to whatever legal action that may be taken against me. I agree to abide by the rules of the Training Centre and Hostel and pay all fees and deposit all other dues as laid down in the Training Center and Hostel rules or may become due under these rules. I also agree to withdraw myself from Training. Centre and Hostel should the Principal Tutor decide that such withdrawal is necessary in the interest of the institution.

I certify that I do not suffer from mental disease.

I certify that I have not been prosecuted or convicted for any criminal offence involving moral turpitude.

**Date:**

**Full Signature of the Applicant**

**Date:**

**Countersigned by Parent / Guardian/Husband**

**Name.....**

**Date .....**

## **Procedure of Application Submission**

- 1. Print Page 1 and 2 of application form.**
- 2. Fill the required fields in the application as per the instruction given. And attach a clear passport size photocopy.**
- 3. Send this application for to below given address-**

To ,

PURI SARASWATI GROUP OF INSTITUTES

ADDRESS- Near Canara Bank, Sahadevkhuntha, Balia, Balasore, Odisha  
756001.

Contact number- +91-7381 150 2007

+91-7381 150 3007

- 4. OR- Mail us the scan copy of the application to –**  
**[admission@purisaraswatigroup.org](mailto:admission@purisaraswatigroup.org)**