

APPLICATION FORM
(Incomplete Application will not be entertained)

Roll. No.

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(To be filled by the Office)

Sl.No.....

King George Medical University, U.P., Lucknow
Application for Entrance Examination
For Admission to B.Sc. Radiotherapy Technology Course 2014

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|---|
| Particulars of enclosed Bank Draft/Cash |
| Amount |
| No. |
| Date |
| Name of Bank |

Clear Passport Size
Photograph (Full front face,
no cap, hat or dark glasses)

Duly attested by Principal
of the Institution which
he/she has passed

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Left Thumb Impression

1. Name of Candidate :
2. Father's Name :
3. Mother's Name :
4. Sex :Male/Female :
5. Category (Pl.write) : General/OBC/SC/Others.....
6. Date of Birth :
(As in Class X Certificate)
7. Mailing Address :
.....
8. Permanent Address :
.....
9. E-mail ID. :
10. Mob. No. :

11. Educational Qualifications:

| SI. No. | Examination | Year | Board | Subjects | Aggregate Percentage of marks obtained |
|---------|-------------|------|-------|----------|--|
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Enclosure:-

1. Attested Copies of High School Certificate (as proof of age) & marksheet of 12th standard or equivalent be enclosed. Those who are appearing in intermediate (12th standard or equivalent) examination have to submit proof of the same.
2. Attested copy of Caste Certificate, if applicable shall be enclosed with Application form.

DECLARATION

I hereby declare that the particulars given in this application form are correct. If any relevant information is found to be concealed or incorrect my candidature/admission may be cancelled.

Date and Place

Signature of the Candidate

ADMIT CARD

Roll. No.

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(To be filled by the Office)

King George Medical University, U.P., Lucknow.

B.Sc. RADIOTHERAPY TECHNOLOGY ENTRANCE EXAMINATION - 2014

For Admission to B.Sc. Radiotherapy Technology

(To be filled by the candidate)

1. Name of Candidate :
2. Father's Name :
3. Mother's Name :
4.

(Specimen Signature of the Candidate)

5. Examination Centre.....

Clear Passport Size
Photograph (Full front
face, no cap, hat or dark
glasses)

Duly attested by
Principal of the
Institution which he/she
has passed

IMPORTANT :

1. B.Sc. Radiotherapy Technology written entrance examination will be held onat A.M..
2. Please report 30 minutes before the time of Examination.
3. Please be seated 15 minutes before the time of Examination.
4. Please follow instructions provided by the invigilators.

Controller of Examinations
King George Medical University, U.P.,
Lucknow.

ATTENDANCE/VERIFICATION SHEET

Roll. No.

SI. No.....

(To be filled by the Office)

King George Medical University, U.P., Lucknow.

B.Sc. RADIOTHERAPY TECHNOLOGY ENTRANCE EXAMINATION 2014

(To be filled by the candidate)

- 1. Name of Candidate :
- 2. Father's Name :
- 3. Mother's Name :
- 4. Examination Centre :
- 5.

Clear Passport Size
Photograph (Full front
face, no cap, hat or dark
glasses)

Duly attested by
Principal of the
Institution which he/she
has passed

(Specimen Signature of the Candidate)

**Controller of Examination
King George Medical University, U.P.,
Lucknow.**

The Portion below to be signed in the Examination Hall.

.....
Signature of Candidate

.....
Signature of Invigilator

.....
Signature and Seal of
Center Superintendent/ Chief Invigilator