

13) Details of Final Year B.Sc. Examination

- a. University
- b. Name of College
- c. Month and Year of Passing.....
- d. Seat No:
- e. Date of award of the degree.....

I request permission to present myself at the ensuing Examination for the Degree of **Postgraduate Diploma in Medical Laboratory Technology (PGDMLT)** and remit herewith fees of Rs. 2500/- (Including Form Fees and Degree Certificate Fees).

I also solemnly declare and affirm that the particulars given above are correct and true to the best of my knowledge and noting has been concealed therein. I also hereby declare and give an undertaking that I will not practice or resort to any type of unfair means directly or indirectly in and outside the examination hall during the examination and also after it is completed. If I am found doing so, action would be taken by the authorities of the University against me as per University's rules, norms and conventions which will be binding to me.

Date:

(Signature)

Certificate to be submitted to the Gujarat University of Transplantation Sciences

I / We certify that Shri / Smt. obtained the Degree of B.Sc. from the University of in the year and that he / she has studied the subjects offered to him/her for the **Postgraduate Diploma in Medical Laboratory Technology (PGDMLT)** of this University at the For a period ofterms after passing the B. Sc. Examination as under.

It is certified that candidate has satisfactorily completed the course and practicals (if any) and passed the tests as prescribed by the University

Terms	Period	whether terms kept or not (Yes or no)
I. From	To
II. From	To
III. From	To
IV. From	To

Signature of the P.G. Teacher in Charge
under whom the candidate has worked. }

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I further certify that, to the best of my knowledge and belief, he/she is a person of good conduct and that he/she has my permission to present himself/herself at the ensuing **Postgraduate Diploma in Medical Laboratory Technology (PGDMLT)** in the following papers.

Main Subject:

Paper I: _____

Paper II: _____

Paper III: _____

Paper IV: _____

Place: _____

Principal / HOD _____

(Signature)

Date: _____

Institute/College _____

*Note: Forms submitted after the prescribed date will not be accepted.
Please fill in all details neatly. Incomplete form will be rejected.
Please submit one photograph along with the application form
Incomplete exam forms will be rejected*