



# MATA GUJRI COLLEGE OF ALLIED HEALTH & PARAMEDICAL SCIENCE

KISHANGANJ (BIHAR), PIN - 855107

## A Constituent Unit of Mata Gujri University, Kishanganj

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ApplicationNo.

- ❖ BACHELOR OF SCIENCE IN MEDICAL LABORATORY TECHNOLOGY
- ❖ BACHELOR OF SCIENCE IN OPERATION THEATRE & ANAESTHESIA TECHNOLOGY
- ❖ BACHELOR OF SCIENCE IN RADIO-DIAGNOSIS & IMAGING TECHNOLOGY
- ❖ BACHELOR OF SCIENCE IN OPTOMETRY & OPHTHALMIC TECHNOLOGY

# Application Form

**Session: 2026 - 2027**

**MATA GUJRI**  
**COLLEGE OF ALLIED HEALTH**  
**& PARAMEDICAL SCIENCE,**  
**KISHANGANJ, BIHAR**

|                 |  |
|-----------------|--|
| APPLICATION NO. |  |
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| Photo |
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**APPLICATION FORM**

**Course Applied For: B.Sc. MLT / OT&A / R&IT**

**Important information to be filled in Block Letters.**

Name of the Candidate: \_\_\_\_\_

Date of Birth (dd/mm/yyyy) : 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

 Gender: Male  Female

Aadhar Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Identification Marks: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Student E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Occupation of Father: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_

Name & Address Local Guardian: \_\_\_\_\_

\_\_\_\_\_

Mobile No.: \_\_\_\_\_ Relation: \_\_\_\_\_

**Educational Qualification**

| Name of Qualifying Examinations | Examining Board | Year of Passing | Total Marks | Marks Obtained | % of Marks |
|---------------------------------|-----------------|-----------------|-------------|----------------|------------|
| Matric or Equivalent            |                 |                 |             |                |            |
| Intermediate or 10+2 Equivalent |                 |                 |             |                |            |
| Any Other                       |                 |                 |             |                |            |

| Subject in Intermediate          | Maximum Marks | Minimum Marks | Marks Obtained | % of Marks |
|----------------------------------|---------------|---------------|----------------|------------|
| Physics                          |               |               |                |            |
| Chemistry                        |               |               |                |            |
| Biology                          |               |               |                |            |
| English                          |               |               |                |            |
| Total Marks of all four subjects |               |               |                |            |

Permanent address of the Candidate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Correspondence address of the Candidate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nationality: \_\_\_\_\_ State of Domicile: \_\_\_\_\_

Religion: \_\_\_\_\_ Category (SC/ST/OBC): \_\_\_\_\_

Mother tongue: \_\_\_\_\_ Languages known: \_\_\_\_\_

**Medical History:**

a) Have you suffered from any serious illness / Psychiatric issues in the past? If so, what were you suffering from?

\_\_\_\_\_

b) Have you undergone any surgery? If yes, what is the nature of surgery?

\_\_\_\_\_

**(Full Signature of Student)**

## DECLARATION BY THE CANDIDATE

I wish to apply for admission with Mata Gujri College of Allied Health & Paramedical Sciences, Kishanganj and declare that I have filled this form myself and to best of my knowledge and belief, the above particulars are true.

I have gone through the instructions for admission carefully and undertake to abide by all the conditions. I further agree, if admitted, to confirm to the rules and regulations at present in force or that may hereafter be amended and framed by the administration of the college and hostel. I undertake that so long as I am a student of the college and hostel. I will do nothing unworthy of a student of the college either inside or outside or anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for disinterest in studies, misbehavior and continuous failures.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

FULL SIGNATURE OF CANDIDATE

## DECLARATION BY THE PARENT/GUARDIAN

I hereby declare that I have understood the financial obligation and I can afford to pay all the costs and undertake to pay the tuition and other fees payable to the institution under the rules framed by the Management of the College.

The statements made and information furnished in this application by my child is true to the best of my knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

FULL SIGNATURE OF PARENTS/GUARDIAN

Reference:

### CHECK LIST OF REQUIRED DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION:

1. Secondary (10<sup>th</sup>), Marks Sheet
2. Secondary (10<sup>th</sup>) Board Certificate
3. Higher Secondary(12<sup>th</sup>) Marks Sheet
4. Higher Secondary (12<sup>th</sup>)Board Certificate or equivalent
5. 12<sup>th</sup> S.L.C./T.C. Certificate
6. 12<sup>th</sup> Migration Certificate
7. 12<sup>th</sup> Character Certificate
8. Residential Certificate
9. Photocopy of Aadhar Card
10. Recent Passport size colour Photograph. -03 Copies

**Note: Originals of all the above shall be submitted at the time of admission without which the Provisional admission will not be completed.**

Signature of Admission in-charge

Principal