



**THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES**

**DD – 36, Sector – 1, Salt Lake, Kolkata 700 064**

**Phone: 2321- 3461, 2334-6602, Ext. 224 & 225**

**Fax: 2358-0100**

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Memo No. COE/UHS/53/2020

Date: 13<sup>th</sup> January, 2019

### **NOTICE**

It is hereby informed to all intending candidates for Lateral entry to 2<sup>nd</sup> year of B Sc Medical Laboratory Technology course in the different institutions under The West Bengal University of Health Sciences that applications are invited from the Diploma holders in Medical Laboratory Technology in the format provided below. The number of seats available in the different colleges will be declared at the time of verification of the documents and counseling for the course, the date of which will be declared in due course.

The applications must be accompanied by a demand draft of Rs. Three thousand only (Rs. 3000/-) in favour of The West Bengal University of Health Sciences, payable at Kolkata. The last date of submission of the application form is within 22<sup>nd</sup> January, 2020. However, the print copies of the application forms will be accepted at the office of the Controller of Examinations till 24.01.2020, provided the draft is purchased on or before 22.01.2020.

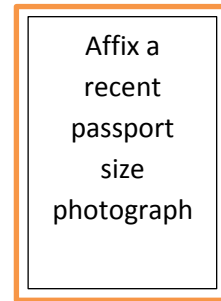
All candidates are instructed to submit self-attested photocopy of all the relevant documents keep a photocopy of the application form with them.

**OSD,**  
Planning, Development, Examination and Academic Affairs  
The West Bengal University of Health Sciences

**APPLICATION FORM FOR LATERAL ENTRY TO B. Sc. M. L. T. COURSE**

REGISTRATION INFORMATION

- 1. Name:
- 2. Father's Name:
- 3. Gender: M / F
- 4. Date of Birth (DD/MM/YYYY):
- 5. Mobile No:
- 6. Mail I.D. :



ACADEMIC INFORMATION

- 7. Name of Qualifying Examination:

	Aggregate	Total	Percentage
Preliminary _____	_____	_____	_____
Final _____	_____	_____	_____

- 8. Passing Institution:
- 9. Year of Passing / Appearing in the Qualifying Examination:
- 11. Date of completion of Internship:
- 12. Details of working experience in clinical nursing: \_\_\_\_\_

SOCIAL INFORMATION

- 13. Nationality:
- 14. Caste:
- 15. PWD Status: Yes / No
- 16. Communication Address (in full with PIN Code):

INFORMATION OF BANK DRAFT PURCHASED

- Name of the Bank:
- Name of the Branch:
- Draft No. :

Full Signature of the Candidate