



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

Memo No. COE/UHS/1213/2022

Date: 30th August, 2022

NOTICE

It is hereby informed to all intending candidates for Lateral entry to 2nd year of B Sc Medical Laboratory Technology (B.Sc.MLT) 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 **16th September, 2022**. However, the print copies of the application forms will be accepted by post at the office of the Controller of Examinations till 19.09.2022, provided the draft is purchased on or before 16.09.2022.

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

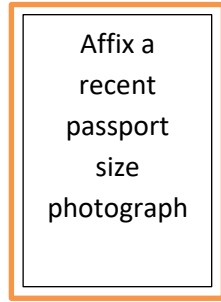
OSD,

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. Mother's Name:
3. Gender: M / F / O
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:

SOCIAL INFORMATION

12. Nationality:
13. Caste:
14. PWD Status: Yes / No, If Yes, Specify the extent and nature:
15. 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