



**OSMANIA UNIVERSITY
HYDERABAD - 500 007**

**Application for Entrance Test and Admission into
Post M.Sc. Diploma in Radiological Physics : 2024-25**

Filled in application must be accompanied by a demand draft for specified amount drawn in favour of "The Director, Directorate of Admissions, O.U." towards the registration fee.

Affix recent photograph & sign across the photograph
(Do not pin/staple)

Note: The candidate should go through the information brochure before filling this form and ICR Summary Sheet in English

Particulars of the Demand Draft for Downloaded application:

(Please write your name and mobile number on the backside of the Demand Draft)

DD. No :Date : Amount :

Bank: Branch:

1. Name of the Candidate :
(in Capital Letters as entered in the qualifying examination)

2. Name of the Father/Mother:

3. Sex (Put a ✓ mark) Male Female 4. Wether Sponsored: Yes/No

5. Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach xerox copy of S.S.C. Certificate)

6. Residential status (Put a ✓ mark) Local Non-Local
(see annexure-I of Information Brochure)

7. Reservation Category (Put a ✓ mark)								8. Minority status (Put a ✓ mark)			
ST	SC	BC-A	BC-B	BC-C	BC-D	BC-E	Others	Christian	Muslim	Linguistic	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Particulars of Qualifying Examination:

Name of the Exam	Month & Year of passing	Subject	Division secured	% of marks

10. Address for Communication
(in Block Letters) _____

Pin Code _____ Phone No. _____

11. Particulars of study of preceding seven (7) years starting from the qualifying examination.

Course/Class	Year of study	School/College	Place & District
P.G. II Year			
P.G. I Year			
Degree III Year			
Degree II Year			
Degree I Year			
Inter II year			
Inter I Year			

12. Permanent Address

Pin Code _____ Phone No. _____

13. Declaration:

I hereby solemnly affirm that the above information is correct and I am aware that my admission is liable to be cancelled at any time in case any information is found to be incorrect. I have gone through and understood the Rules, Regulations and Instructions of the Entrance Test and Admission procedure.

Date : _____

Signature of the Candidate

CHECK LIST

Arrange the application and enclosures in the following order:

1. Acknowledgement Card
2. Application Form
3. Xerox Copy of 10th std. certificate (without this, the application will not be accepted)
4. ICR Summary Sheet (not to be pinned or tagged to the application)

Submit the filled in application to

Director
Directorate of Admissions
Osmania University, Hyderabad - 500 007
Telangana State, Phone : 83310 41286

Application Number _____

**DIRECTORATE OF ADMISSIONS
OSMANIA UNIVERSITY, HYDERABAD**

ACKNOWLEDGEMENT CARD

**Entrance Test and Admission into
Post M.Sc. Diploma in Radiological Physics- 2024**

Your Registration Number is _____
(Quote this number for any future correspondence)

for Director
Directorate of Admissions, O.U.

