



Reg No.: _____

(To be filled by the office)

OSMANIA UNIVERSITY, HYDERABAD - 500 007

Application for Entrance Test and Admission into Department of Biotechnology Sponsored "One Year Postgraduate Diploma Program in Medical Biotechnology on Genetic Counseling with Special Emphasis on Prenatal & Postnatal Diagnostics - 2019"

Last date for submitting the application: 20. 09. 2019 by 4.00 p.m

Downloaded applications must be accompanied by a demand draft for Rs. 1000/- drawn in favour of "The Director, Directorate of Admissions, Osmania University, Hyderabad" 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 :

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

DD. No : Date : Amount :

Bank: Branch:

1. Name of the Candidate
(in capital letters as per 10th std. certificate)

2. Name of the Father/Mother :

3. Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Category (Put a ✓ mark)

SC	ST	OBC	GENERAL	OTHERS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Residential status

6. Sex (put a ✓ mark)

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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7. Name of the qualifying examination Passed (put a ✓ mark)

MBBS	<input type="checkbox"/>	M.Sc	<input type="checkbox"/>
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8. Percentage of marks secured in the qualifying examination

Name of the Qualifying Examination	Aggregate % of Marks

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

Course/Class	Year of Study	School/College/University	Place and District

10. Particulars of Employment after the graduation:

Name of the Company	Designation	Period of Service (From - To)	Place of Service

11. Address for Communication _____
in Block Letters _____

Pin Code Phone/Cell No. _____

I hereby solemnly affirm that the above information is correct and I am aware that my admission is liable to be cancelled in case any information is found to be incorrect. I have gone through and understood the Rules, Regulations and Instructions for admission into DBT Sponsored Postgraduate Diploma Program in Medical Biotechnology on Genetic Counseling with Special emphasis on Prenatal & Postnatal Diagnostics.

Date: _____

Signature of the Candidate _____

Submit the filled
in application to



DIRECTOR
Directorate of Admissions
Osmania University, Hyderabad - 500 007 (T.S.)
Mobile : 99485 38337, 99082 30620

CHECK LIST

Submit the following alongwith this application:

1. Degree certificate or Provisional certificate of qualifying examination.
2. Demand Draft for Rs. 1000/- (without late fee), Rs.1500/- with late fee
3. ICR Summary Sheet

Application Number _____

**THE DIRECTOR, DIRECTORATE OF ADMISSIONS,
OSMANIA UNIVERSITY, HYDERABAD-500007**

ACKNOWLEDGEMENT CARD

Entrance Test and Admission into

**DBT Sponsored One year Postgraduate Diploma Program in Medical Biotechnology on
Genetic Counseling with Special emphasis on Prenatal & Postnatal Diagnostics - 2019**

Your Registration Number is _____

(Quote this number for any future correspondence)

For Director
Directorate of Admissions, OU.

