



Reg.No.: \_\_\_\_\_

(To be filled by the office)

## OSMANIA UNIVERSITY, HYDERABAD

Application for Entrance Test and Admission into **Department of Biotechnology Sponsored**  
**“One Year Post Graduate Diploma Program in Medical Biotechnology on Genetic Counseling**

Last date for submitting the application: **13. 11. 2020 by 4.00 p.m.**

Last date for submitting the application with late fee of Rs.500/-: **18. 11. 2020 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: .....

**with Special Emphasis on Prenatal & Postnatal Diagnostics - 2020”**

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

2. Name of the Father/Mother :

3. Date of Birth 

D	D	M	M	Y	Y	Y	Y

4. Category (Put a ✓ mark)

SC	ST	OBC	GENERAL	OTHERS

5. Residential status

6. Sex (put a ✓ mark) 

Male		Female	
------	--	--------	--

7. Name of the qualifying examination Passed (put a ✓ mark) 

MBBS		M.Sc	
------	--	------	--

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**

**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 - 2020**

Your Registration Number is \_\_\_\_\_

(Quote this number for any future correspondence)

**For Director**  
Directorate of Admissions, OU.

