



**OSMANIA UNIVERSITY
HYDERABAD - 500 007**

**Application for Entrance Test and Admission into
Post M.Sc. Diploma in Radiological Physics : 2019-20**

Last date for submitting the application to the Director, Directorate of Admissions, Osmania University, Hyderabad - 500007 is **26.08.2019 by 4.00 p.m.**

Filled in application must be accompanied by a demand draft for Rs. 1500/- 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 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	<input type="checkbox"/>
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Female	<input type="checkbox"/>
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 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	<input type="checkbox"/>
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Non-Local	<input type="checkbox"/>
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(see annexure-I of Information Brochure)

<p>7. Reservation Category (Put a ✓ mark)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><th>ST</th><th>SC</th><th>BC-A</th><th>BC-B</th><th>BC-C</th><th>BC-D</th><th>BC-E</th><th>Others</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	ST	SC	BC-A	BC-B	BC-C	BC-D	BC-E	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"/>	<p>8. Minority status (Put a ✓ mark)</p> <table border="1" style="width: 100%; text-align: center;"> <tr><th>Christian</th><th>Muslim</th><th>Linguistic</th><th>Others</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Christian	Muslim	Linguistic	Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST	SC	BC-A	BC-B	BC-C	BC-D	BC-E	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"/>																		
Christian	Muslim	Linguistic	Others																						
<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 : 040 - 27090136

Application Number _____

**DIRECTORATE OF ADMISSIONS
OSMANIA UNIVERSITY, HYDERABAD**

ACKNOWLEDGEMENT CARD

**Entrance Test and Admission into
Post M.Sc. Diploma in Radiological Physics- 2019**

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

for Director
Directorate of Admissions, O.U.



OSMANIA UNIVERSITY **ICR SUMMARY SHEET**

POST M.Sc. DIPLOMA IN RADIOLOGICAL PHYSICS : 2019



Instructions to fill the ICR Summary Sheet

- a. Do not staple, wrinkle, scribble, wet or fold this form.
- b. Use **only black ball point pen** to fill the form.
- c. Leave one box blank between surname and name.
- d. Do not make any stray marks on this ICR form.
- e. Please make sure that the letters/codes written should not touch the edges of the boxes.

Registration No.
(For office use only)

1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]

2. Father's Name [write in CAPITAL letters without touching edges of the boxes]

3. Date of Birth D D M M Y Y Y Y

4. % Marks at PG Level

(Enclose a Photo Copy of 10th Std. Certificate)

Darken the appropriate circles ●

5. Category

SC BC-C

ST BC-D

BC-A BC-E

BC-B Others

6. Residential Status

Local

Non Local

Others (Other than A.P.)

7. Sex

Male

Female

8. Subject name and Code

81. POST M.Sc. DIPLOMA IN RADIOLOGICAL PHYSICS : 2019

9. Address for communication:

(Please Write in Capital Letters with Black Ink only)

Name :

PIN

Mobile/Phone No.:

Do not attest
the photograph
→

10. Affix your recent
Passport size Photograph
(Do not Pin/Staple the
Photograph)

**11. Signature of the candidate
(within the box given above)**