

# UNIVERSITY OF KERALA

INTER UNIVERSITY CENTRE FOR GENOMICS AND GENE TECHNOLOGY  
KARIAVATTOM, THIRUVANANTHAPURAM

## APPLICATION FOR ADMISSION ADVANCED POST GRADUATE DIPLOMA IN MOLECULAR DIAGNOSTICS

FOR THE YEAR - 2025

1.	Name in Full (in Block Letters)	:			
2.	Expansion of Initials	:			
3.	Age	:			
4.	Date of Birth (In Christian Era)	:			
5.	Place of birth with Nationality, Taluk and District	:			
6.	Sex	:	Male /Female		
7.	Permanent Home Address	:			
8.	Address to which communications to be sent Contact Phone Numbers	:			
9.	Name and address of the parent or Guardian with Telephone No. And Annual Income	:			
10.	Name and Address of Local Guardian, if any	:			
11.	Religion and Caste (if you belongs to Backward Community, Scheduled Caste/Scheduled Tribe, give Community or Sub section with documentary evidence)	:			
12.	Details of Academic Qualifications	:			
		:			
Course	College/ University	Period of Study	Year of passing the Exam and Reg. No.	Percentage of Marks	Remarks

<b>Attach certified copies of Mark List for BSc. (Optional,) MSc. Degree Examination and Registration Fee Receipt.</b>					
13.	Present Employment, if any				
14.	Research Experience with publications, if any (give details)				
15.	Teaching Experience (give details)				
16.	Have you been in receipt of any Scholarship or fee concession, if so, give details				
17.	Any other qualifications or information the candidate may wish to add				
18.	Number and Date of Transfer Certificate produced				
19.	What defects, if any, were noticed by the Medical Officer at the last inspection. Have these remedied?				
20.	List of documents attached				
21.	Receipt No. And date of Application Fee and Registration Fee				

### DECLARATION

I, .....do hereby declare that the statements made in the application are true and that the documents attached herewith are true copies of the originals in my possession, which will be produce for verification when required. I have read through the Prospectus and accept the terms and conditions mentioned therein.

Place:

Counter signed by the

Signature of the

Date:

Parent/Guardian

Applicant

.....  
Remarks

**FOR OFFICE USE ONLY**

Date of Admission :

Fee Remitted:

**Hon.Director**