



SRI MEDICAL SCIENCE & PHARMACY COLLEGE

At/Po: Komand, Dist: Nayagarh-752090 (Odisha)

(Recognised by DMET, Govt. Of Odisha,)

Contact No. – 7008497009, 9437620221 ,E-mail ID – principalsripharmacy@gmail.com,

www.srisikhya.com

DMLT Admission Application Form 2025-2026

NAME OF THE CANDIDATE (In Block Letter)(As per 10 th Certificate)		Paste a Passport Size Photo				
NAME OF THE FATHER (As per 10 th Certificate)						
NAME OF THE MOTHER(As per 10 th Certificate)						
NAME OF THE GUARDIAN (If other than father)						
DATE OF BIRTH (dd/mm/yyyy)		CATEGORY (✓)				
<input type="text"/>		SC	ST	OBC/SEBC	UR	OTHERS
GENDER (✓)			RELIGION (✓)			
MALE	FEMALE	TRANSGENDER	HINDU	OTHER (SPECIFY)		
OCCUPATION OF FATHER -			MARITAL STATUS (✓)			
<input type="text"/>			MARRIED	UNMARRIED		
<u>STUDENT CONTACT DETAILS</u>			<u>PARENTS/GUARDIAN/HOME CONTACT DETAILS</u>			
MOB - <input type="text"/>			MOB - <input type="text"/>			
E-MAIL ID - <input type="text"/> (In Block Letter)						
AADHAR NO./AADHAR ENROLMENT NO.				BLOOD GROUP -		
<input type="text"/>				<input type="text"/>		
COURSE (✓)		DOMICILE (✓)				
DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY (DMLT) (2YEARS)		1) ARE YOU ODISHA STATE APPLICANT (S)(<input type="checkbox"/>)				
		2) ARE YOU OUTSIDE ODISHA STATE APPLICANT (Z) (<input type="checkbox"/>)				
		3) ARE YOU ODIA LIVING IN OUTLYING ODIA SPEAKING TRACTS (L) (<input type="checkbox"/>)				
<u>PERMANENT ADDRESS -</u>			<u>PRESENT ADDRESS -</u>			
Village/Town - <input type="text"/>			Village/Town - <input type="text"/>			
Street - <input type="text"/>			Street - <input type="text"/>			
Post Office - <input type="text"/>			Post Office - <input type="text"/>			
Police Station - <input type="text"/>			Police Station - <input type="text"/>			
Block-	Dist -	Block-	Dist -			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Pin code -	State -	Pin code -	State -			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

ACADEMIC HISTORY OF CANDIDATE

QUALIFICATION	STREAM	BOARD/ UNIVERSITY	PASSING YEAR	MARK OBTAINED	FULL MARK	% OF MARK	DIVISION	INSTITUTE NAME & ADDRESS

BELOW DOCUMENTS SUBMIT AT INSTITUTE -

SL. NO.	NAME OF THE DOCUMENT	ORIGINAL	X-EROX
01	MATRIC CERTIFICATE		
02	+2 CERTIFICATE (SCIENCE)		
03	+2 MARKSHEET		
04	AADHAR CARD		
05	CLC/TC (Submit Original)		
06	CONDUCT CERTIFICATE		
07	MIGRATION CERTIFICATE		
08	CASTE CERTIFICATE (Should Give 2024)		
09	INCOME CERTIFICATE (SC/ST STUDENT ONLY) (Should Give 2025)		
10	RESIDENCE CERTIFICATE (Should Give 2025)		
11	BANK PASSBOOK (SC/ST STUDENT ONLY) (PNB, Komand)		
12	EQUIVALENT ORDER (STUDENT PASSING FROM OTHER STATE)		

HOSTEL REQUIRED (✓)- YES (), NO ()

DETAILS OF BANK ACCOUNT (FOR SC/ST STUDENT ONLY)

NAME OF THE BANK - _____

NAME OF THE ACCOUNT HOLDER - _____

ACCOUNT NO. - _____

IFSC CODE - _____

BRANCH ADDRESS - _____

DECLARATION

Here I/we undertake that the above facts are true to my knowledge. If any matter will be wrong I/we will be held responsible for my admission.

Signature of The Parents/Guardian

Signature of The Student

Date -

Date -

PREFERRED COURSE -

REFERRED BY -

FOR OFFICE USE ONLY

Signature of the Admission I/C
Sri Medical Science & Pharmacy college

Signature of the Principal
Sri Medical Science & Pharmacy college