

DIPLOMA APPLICATION FORM

SESSION 2023 - 2024

**Applicant to
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APPLICATION FOR ADMISSION IN

MEDICAL & ALLIED SCIENCES

DIPLOMA IN LABORATORY TECHNICIAN	<input type="checkbox"/>
CARDIOLOGY TECHNICIAN	<input type="checkbox"/>
OPTOMETRY TECHNICIAN	<input type="checkbox"/>
EMERGENCY & TRAUMA CARE	<input type="checkbox"/>
X-RAY TECHNICIAN	<input type="checkbox"/>
DIALYSIS TECHNICIAN	<input type="checkbox"/>
MRI TECHNICIAN	<input type="checkbox"/>
PHYSIOTHERAPY	<input type="checkbox"/>
C.T. SCAN TECHNICIAN	<input type="checkbox"/>
OPERATION THEATRE TECHNICIAN	<input type="checkbox"/>
ANASTHESIA & CRITICAL CARE TECHNICIAN	<input type="checkbox"/>
AUDIO & SPEECH THERAPY TECHNICIAN	<input type="checkbox"/>
CLINICAL & THERAPEUTIC NUTRITIONIST COURSE	<input type="checkbox"/>
MINIMAL ACCESS SURGICAL TECHNICIAN	<input type="checkbox"/>

NEONATAL CARE TECHNICIAN	<input type="checkbox"/>
ORTHOPAEDIC & PLASTER TECHNICIAN	<input type="checkbox"/>
ORTHOTIC & PROSTHETIC TECHNICIAN	<input type="checkbox"/>
INTERVENTION RADIOLOGY	<input type="checkbox"/>
RESPIRATORY TECHNICIAN	<input type="checkbox"/>
BCG TECHNICIAN AND TUBERCULOSIS PROGRAMME MANAGEMENT	<input type="checkbox"/>

NURSING

AUXILIARY NURSING & MIDWIFERY (A.N.M. 2 Yrs) ☐

GENERAL NURSING & MIDWIFERY (G.N.M. 3 Yrs) ☐

PHARMACY

DIPLOMA IN PHARMACY

1. NAME OF THE APPLICANT : MS./MRS./MR. (IN BLOCK LETTERS)

[illegible]

2. DATE OF BIRTH

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[DD]

[MM]

[YEAR]

3. SEX (✓)

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MALE FEMALE

4. NATIONALITY

[illegible]

5. DO YOU HAVE ANY PHYSICAL DISABILITIES? (✓)

7

YES

7

NO

6. DO YOU HAVE ANY MEDICAL CONDITION OR LEARNING DISABILITY THAT MAY REQUIRE SPECIAL ATTENTION DURING THE COURSE ?

9

YES

9

NO

IF YES, PLEASE SPECIFY

7. CATEGORY

7

GENERAL

7

OBC

1

SC/ST

7

OTHER STATE

8. PERMANENT ADDRESS

[illegible]

WORK EXPERIENCE

13. ARE YOU CURRENTLY EMPLOYED ?

YES

NO

TYPE OF WORK

INTERNSHIP

VOLUNTEERING

UNPAIDPAID

NAME OF THE ORGANIZATION / INSTITUTION JOB TITLE

PARENT/GUARDIAN DETAILS

14. FATHER'S NAME

[illegible]

MOBILE

+91									
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EMAIL

[illegible]

OCCUPATION

[illegible]

15. MOTHER'S NAME

[illegible]

MOBILE

+91									
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EMAIL

[illegible]

OCCUPATION

[illegible]

16. NAME OF GUARDIAN / LOCAL GUARDIAN

[illegible]

MOBILE

+91									
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EMAIL

[illegible]

OCCUPATION

[illegible]

QUALIFICATION

[illegible]

17. HAS YOUR GUARDIAN OR ANY OTHER KNOWN PERSON WORKED AT OR IS WORKING AT ERA UNIVERSITY ?

YES

NO

IF YES SPECIFY DURATION FROM TO

NAME

EMPLOYEE ID RELATION

DECLARATION BY THE CANDIDATE

I S/o or D/o declare that the information furnished by me herein is true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further certify on oath that there is no criminal case pending in any Court of Law against me.

I further declare that I have fully read the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

PLACE :

Date :

Signature of the candidate

18. LIST OF ENCLOSURE :

DIPLOMA APPLICANTS ARE INSTRUCTED TO ENCLOSE THE FOLLOWING DETAILS:

S.no.	Particulars	✓/X
1	Self Attested ID & Address Proof (Aadhar No.)	
2	4 Photographs	
3	Self Attested copy of SSLC Mark Sheet	
4	Self Attested copy of 10+2 Mark Sheet	
5	Caste Certificate	
6	Disability Certificate	

Signature of the Candidate

Note:

- The candidate must ensure that application is complete and all the necessary documents enclosed before submitting the application.
- Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

The duly filled application should be submitted in person or by post to:

The Admission Cell,
Era University,
Sarfrazganj, Hardoi Road,
Lucknow-226003