



# INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY, ARUNACHAL PRADESH

SSB Gate Campus, Ziro, Arunachal Pradesh - 791120  
Recognized by UGC and MHRD, Government of India  
Training and Industrial Partner of Vocational Courses  
Dr. K. R. Adhikary Institute of Vocational Education and Research  
Administrative Office : 16/1, West Ghoshpara Road, Bhatpara,  
North 24 Parganas, West Bengal - 743123

## **ADMISSION FORM**

*Fill up the Form in Capital Letter*

Course :

Paste recent  
Passport/Stamp  
size Photograph  
and attach three  
photographs  
separately

Name of the Applicant.....

Father's Name.....

Mother's Name.....

Guardian's Name.....

Nationality.....Religion.....Cast.....

Present Address.....

Permanent Address.....

Contact Number.....

Email.....

Aadhar Number.....

Academic Qualifications :

Examination passed	Year of Passing	Board /University	Subjects	Total Marks	% of Marks

### **B.Voc.**

- Optometry
- Physiotherapy
- Medical Laboratory Tech.
- Medical Radiology and Imaging Technology
- Yoga and Naturopathy
- Nutrition
- Sanitary Inspection
- O.T. Technician
- Hospital and Health Care Administration
- Dialysis Technician
- Dental Technology and Hygiene

### **M.Voc.**

- Optometry
- Medical Laboratory Technology
- Medical Radiology and Imaging Technology
- Geriatric Care
- Naturopathy
- Yoga
- Nutrition
- Hospital and Health
- Care Administration

### **ADULT AND CONTINUING EDUCATION**

CERTIFICATE IN

- Yoga and Exercise
- Phlebotomy
- Radiography Assistant
- Electrocardiography
- Basic Physiotherapy
- Practical Nursing

### **DECLARATION**

I hereby declare that all statements made in this application form are true, complete and correct in the best of my knowledge and belief.

I do hereby agree to abide the rules and regulations of the University as well as Institution and to observe strict discipline. I also declare that I have gone through the rules and regulations governing the admission to the course and agree that in case of any violation of these rules and regulations my admission to the particular course would automatically stand cancelled.

Date :

Signature of Applicant