



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 2026-2027

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 (✓)			
		SC ST OBC/SEBC UR OTHERS			
GENDER (✓)		RELIGION (✓)			
MALE FEMALE TRANSGENDER		HINDU OTHER (SPECIFY)			
OCCUPATION OF FATHER -		MARITAL STATUS (✓)			
		MARRIED UNMARRIED			
STUDENT CONTACT DETAILS		PARENTS/GUARDIAN/HOME CONTACT DETAILS			
MOB -		MOB -			
E-MAIL ID -					
(In Block Letter)					
AADHAR NO./AADHAR ENROLMENT NO.		BLOOD GROUP -			
COURSE (✓)		DOMICILE (✓)			
DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY (DMLT) (2YEARS)		1) ARE YOU ODISHA STATE APPLICANT (S)() 2) ARE YOU OUTSIDE ODISHA STATE APPLICANT (Z) () 3) ARE YOU ODIA LIVING IN OUTLYING ODIA SPEAKING TRACTS (L) ()			
PERMANENT ADDRESS -		PRESENT ADDRESS -			
Village/Town -		Village/Town -			
Street -		Street -			
Post Office -		Post Office -			
Police Station -		Police Station -			
Block- Dist -		Block- Dist -			
Pin code - State -		Pin code - State -			

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 (Submit Original)		
07	MIGRATION CERTIFICATE (Submit Original)		
08	CASTE CERTIFICATE (Should Give 2026)		
09	INCOME CERTIFICATE (SC/ST STUDENT ONLY) (Should Give 2026)		
10	RESIDENCE CERTIFICATE (Should Give 2026)		
11	BANK PASSBOOK (SC/ST STUDENT ONLY)		
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

Date - _____

Signature of The Student

Date - _____

PREFERRED COURSE - _____

REFERED 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