

Affix
Recent
Passport
Size Photo

**APPLICATION FORM FOR ADMISSION TO POST GRADUATE
DIPLOMA IN PERSONALIZED GENOMIC MEDICINE COURSE 2019-2020**

- Note:** 1. Applicants are required to be fully conversant with the Prospectus which contains Rules of admission, Instructions to candidates etc., before filling up the application.
2. Eligibility for Admission: **Post-graduate in Medical Science (MD) / Biotechnology / Genetics / Applied Genetics / M.Tech in Biotechnology.**
3. Applicants with above post-graduate degree must appear for the entrance exam.
4. Selection will be purely based on the entrance exam marks.
5. Admission Fee: Rs. 50,000/-.
6. Studentship (Stipend): Rs. 10,000/p.m for 12 months.
7. Total number of seats: 12.
8. Duration of the course: 12 months.
9. The filled in application form along the copies of the necessary documents and a DD for Rs. 1,100/- in favor of **Finance Officer, University of Mysore** should be sent to **The Chairman, Department of Studies in Genetics and Genomics, Manasagangothri, Mysuru – 570006**
10. Guidelines for admission shall be available at www.uni-mysore.ac.in

| | |
|-----------------------------------|--|
| AADHAR Number | |
| AADHAR linked Bank Account Number | |
| Bank Name & Branch | |

1. Name of the Applicant (in Block letters)

2. Name of Father/Mother/Guardian

3. Occupation and total Annual Income of Father/Mother/Guardian

Occupation:

Annual Income:

4. a) Place of Birth Village / Town Taluk District State

b) Date of Birth (as in the S.S.L.C marks card or its equivalent)

Day:

Month:

Year:

5. Personal Particulars:

Nationality:

Caste:

Gender:

Mother Tongue:

6. Details of Application Fee Paid, if application is downloaded from web

DD No and Date:

Amount

(Please enclose Demand Draft with application if it is downloaded from web)

7. Under which Category Seat is Claimed? Please Mark "U" in the Concerned Box

| | | | |
|----|----|-----|----|
| SC | ST | OBC | GM |
|----|----|-----|----|

8. (i) Qualifying Examination Passed:

(ii) Percentage of marks secured in the Qualifying Examination:

9. Institution and University last attended _____

Institution:

Date of Admission:

12. University: _____

Date of Completion of Post Graduate Degree: _____

(a) Permanent Residential Address

E-mail if any:

Telephone No. if any:

13. Postal Address:

Email if any:

Telephone No. if any:

14. Have you pursued a Master's Degree course in the University of Mysore or in any other recognized University in India in any other subject during the previous years? If so, furnish details.

| University | Course Studied | Year | Total Marks | Marks Obtained | Percentage |
|------------|----------------|------|-------------|----------------|------------|
| | | | | | |

DECLARATION

1. I submit this application seeking admission to Post Graduate Diploma in Personalized Genomic Medicine. I will be appearing for the entrance examination. I declare that I read the rules and regulations in this regard.
2. I hereby solemnly and sincerely affirm that the statement made and information furnished in my application form and also in the enclosures thereto submitted by me are true. Should it, however, be found that any information furnished herein is untrue in material particulars, I realize that I am liable for criminal prosecution and the seat given to me shall be liable to be forfeited.

Place:

Date:

Signature of Applicant