BRIHANMUMBAI MUNICIPAL CORPORATION
LOKMANYA TILAK MUNICIPAL MEDICAL COLLEGE & GENERAL HOSPITAL
Laxmibai Kelkar Marg, Sion, Mumbai 400 022.
Email: deanltmg@rediffmail.com & hc.edu@ltmmc.edu.in
Phone: 022-24063042/43/44 Website: www.ltmgh.com

Application No.:-	
Application Date :-	

APPLICATION FOR B.SC. (PARAMEDICAL TECHNOLOGY)
[CARDIOLGY, PERFUSION, RADIOGRAPHY, OPERATION THEATER]

Applicant passport size photograph

To,
Hon'ble Dean,
LTMMC, Sion, Mumbai.

I, the undersigned is submitting my willingness / application for B.Sc. (Paramedical Technology) course at Lokmanya Tilak Municipal Medical College, Sion, Mumbai.

My Details are as below: (Please put tick (✓) mark)

PERSONAL INFORMATION			
Name of the Candidates (In English) (As per 12th Mark sheet)			
Name of the Candidates (In Marathi)			
Whether your name is changed or updated after 10th or equivalent qualification?	Yes ☐ No ☐		
Whether the Candidate is resident of Maharashtra for fifteen (15) years ?	Yes ☐ No ☐		
Name of the Father : _____ Occupation : _____			
Name of Mother : _____ Occupation : _____			
Guardian's Name (if Father is not a Guardian) : _____ Relationship with Guardian: _____ Annual Income : _____			
Gender : Male ☐ Female ☐		Date of Birth : / /	
Place of Birth :	Village/ Town: _____ Taluka _____ District _____ State _____		
Mobile No. (Self):		Mobile No. (Parent)::	
Religion :		Nationality :	
Aadhar No. :		Mother Tongue:	
Email ID :			

Permanent Address : (Applicant)	Address: _____ _____ City : _____ State :_____ District : _____ Taluka : _____ Pin Code : _____
Local Address : (Applicant)	Address: _____ _____ City : _____ State :_____ District : _____ Taluka : _____ Pin Code : _____

Category (SC, ST, VJ(A), NT(B), NT(C), NT(D), OBC(SBC), EWS, SEBC, OPEN)

Category of Candidate : _____ Caste :_____ Sub Caste : _____

Person With Disabiligy (PWD)? Yes ☐ No ☐

Category under which I am submitting my application (Please put tick (✓) mark.

SC	ST	VJ(A)	NT(B)	NT(C)	NT(D)	OBC (SBC)	SEBC	EWS	OPEN

EDUCATIONAL QUALIFICATION

Name of Examination	Month & Year of Passing	No.of Attempt	Total Marks		Agreegate Percentage	Name of the Board
			Obtained	Out of		
S.S.C. (10th) or Equivalent						
H.S.C. (10th) or Equivalent						

S.S.C. (10th) or Equivalent School Name & Address: _____

_____

H.S.C. (12th) or Equivalent School / College Name & Address : _____

_____

HSC QUALIFICATION

SUBJECT	MARKS OBTAINED	MARKS OUT OF
PHYSICS		
CHEMISTRY		
BIOLOGY		
ENGLIGH		
PCB TOTAL		
PCBE TOTAL		

PCB PERCENTAGE	
PCBE PERCENTAGE	

COURSE CHOICE (PREFERENCES) **(Courses : Cardiology, Perfusion, Radiography, Operation Theater)**	
First (1st) Choice	
Second (2nd) Choice	
Third (3rd) Choice	
Forth (4th) Choice	

Place :

Date : / /

Signature of the Parent / Guardian Signature of the Candidate

List of following certified xerox copies of certificates attached.

Sr. No.	Name of Certificates	Yes / No
1	Nationality certificates issued by District Magistrate / Addl. District Magistrate or Metropolitan Magistrate (Competent Authority for issue of such certificate) / Valid Indian Passport / School Leaving Certificate of HSC / 12th std. Indicating the nationality of the candidate as 'Indian'	Yes / No
2	Domicile Certificate issued by District Magistrate / Metropolitan Magistrate or Competent Authority for issue of such certificate.	Yes / No
3	10th S.S.C. Marksheet Certificate	
4	10th S.S.C. Passing Certificate	Yes / No
5	12th H.S.C. Marksheet	Yes / No
6	Physical Fitness Certificate (Annexure – C) (प्रत्यक्ष कागदपत्रांच्या पडताळणीवेळी सादर करण्यात यावे)	Yes / No
7	Caste Certificate (if applicable)	Yes / No
8	Caste Validity Certificate (if applicable)	Yes / No
9	Creamy Layer or Non Creamy Layer Certificate (For VJ (A), NT(B), NT(C), NT(D) & OBC including SBC – Valid upto 31.03.2026) Non creamy Layer Certificate not required for SC & ST category.	Yes / No
10	Eligibility Certificate for EWS category issued by appropriate authority, for the year 2025-26 (As per State Govt. Format)	Yes / No
11	College Leaving Certificate (L.C.) / Transfer Certificate (T.C.)	Yes / No
12	Educational Gap Certificate (if applicable) (Affidavit by student)	Yes / No
13	For Person with disability (PWD) Candidates - Medical Fitness Certificate of Authorized Medical Board.	Yes / No
14	Aadhar Card (Xerox)	Yes / No