

DIPLOMA APPLICATION FORM SESSION 2025 - 2026

Applicant to fix passport size recent colour photograph

APPLICATION FOR ADMISSION IN

MEDICAL 8	ALLIED S	CIENCE	S															
DIPLOMA IN LABORATOR	RY TECHN I CIA	۸N						NEON	NATAI	_ CAF	RE TE	CHNI	CIAN					
CARDIOLOGY TECHNICIAN							ORTHOPAEDIC & PLASTER TECHNICIAN											
OPTOMETRY TECHNICIAN							ORTHOTIC & PROSTHETIC TECHNICIAN											
EMERGENCY & TRAUMA CARE								INTERVENTION RADIOLOGY										
X-RAY TECHNICIAN								RESF	PIRAT	ORY	TECH	NICIA	٨N					
DIALYSIS TECHNICIAN								BCG TECHNICIAN AND TUBERCULOSIS										
MRI TECHNICIAN								PROGRAMME MANAGEMENT										
PHYSIOTHERAPY							NURSING											
C.T. SCAN TECHNICIAN								AUXI	I IAR	Y NU	RSIN	G & I	MIDW	IFFR	Y (A.	N.M.	2 Yrs)	
OPERATION THEATRE TI	ECHNICIAN												IIDWI					
ANASTHESIA & CRITICAI	L CARE TECH	NICIAN															,	
AUDIO & SPEECH THERA	APY TECHNIC	IAN									F	PHA	RMA	CY				
CLINICAL & THERAPEUT	IC NUTRITION	IIST COU	RSE					DIPL	ОМА	IN P	HARN	1ACY	,					
MINIMAL ACCESS SURGI	ICAL TECHNIC	CIAN																
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[DD] [MM]	[YEAR]													1				
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6. CATEGORY		GENERA	\L			ОВС			S	Γ			sc			ОТН	HER	
7. PERMANENT ADDRES	ss																	
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EDUCATI	ONAL QUA	LIFICATION															
Exami	nation	Roll No.	Year of Passing						Subje	ct Off	fered		% of Marks		Division/ Grade		
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10. ANY O	THER PRO	FESSIONAL (QUALIFICAT	ION / E	OIPLO!	MA											
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11. ABC (A IF AVAILAE		BANK OF CR	EDIT) ID N	Э.													
IF AVAILAD	OLC.							- 1			'			'			
12. DO YO	U HAVE AN	IY PHYS I CAL	. DISABILITI	ES? (√	´)	YES			N	0							
13. DO YO	U HAVF AN	NY MEDICAL	CONDITION	IORIF	 EARNI	_ NG DIS	SABII	 AHT THA_	 T MAY	REO	UIRE	\neg	ES			NO)
SPECIAL A	ATTENTION	DURING TH	IE COURSE	?									LS] 140	,
F YES, PL	EASE SPE	CIFY															•••••
4. HAVE Y	OU EVER	BEEN AFFILI	ATED WITH	ERA U	NIVEF	RSITY II	N TH	IE PAST	?		YES			NO	o		
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WORK EXPERIENCE

15. ARE YOU CURRENTLY	Y EMPLOYED ? YES	S NO							
TYPE OF WORK	INTERNSHIP	VOLUNTEERING	UNPAID	PAID					
NAME OF THE ORGAN	NIZATION / INSTITUTION		. JOB TITLE						
16. FATHER'S NAME	PAR	ENT/GUARDIAN DETAILS							
MOBILE +91		EMAIL							
OCCUPATION									
17. MOTHER'S NAME									
MOBILE		EMAIL							
+91									
OCCUPATION									
18. NAME OF GUARDIAN	/ LOCAL GUARDIAN								
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DECLARATION BY THE CANDIDATE

I	S/o or D/o	declare that the information
furnished by me h	erein is true and correct. In case any	information furnished herein is found to be
incorrect or any do	cument 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.

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Date:

Signature of the candidate

18. LIST OF ENCLOSURE:

DIPLOMA APPLICANTS ARE INSTRUCTED TO ENCLOSE THE FOLLOWING DETAILS:

S.no.	Particulars	<u>//x</u>
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	
7	Any other certificate (Professional Qualification/Diploma)	

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,

Sarfarazganj, Hardoi Road,

Lucknow-226003