

DIPLOMA APPLICATION FORM

SESSION 2026 - 2027

**Applicant to
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APPLICATION FOR ADMISSION IN

MEDICAL & ALLIED SCIENCES

DIPLOMA OF ANAESTHESIA AND OPERATION THEATRE TECHNOLOGY (D.AOTT) (2.5 YEARS INCLUDING 6 MONTHS INTERNSHIP)	☐
DIPLOMA OF DIALYSIS TECHNOLOGY (D.DT) (2.5 YEARS INCLUDING 6 MONTHS INTERNSHIP)	☐
DIPLOMA IN MEDICAL LABORATORY TECHNOLOGY (DMLT) (2 YEARS)	☐
DIPLOMA IN MEDICAL RADIOLOGY AND IMAGING TECHNOLOGY (2.5 YEARS INCLUDING 6 MONTHS INTERNSHIP)	☐
DIPLOMA IN CARDIOLOGY TECHNICIAN (2 YEARS)	☐
DIPLOMA IN EMERGENCY & TRAUMA CARE TECHNICIAN (2 YEARS)	☐

NURSING

AUXILIARY NURSING & MIDWIFERY (A.N.M. 2 Yrs) ☐

GENERAL NURSING & MIDWIFERY (G.N.M. 3 Yrs) ☐

PHARMACY

DIPLOMA IN PHARMACY

1. NAME OF THE APPLICANT : MS./MRS./MR. (IN BLOCK LETTERS)

[illegible]

2. DATE OF BIRTH

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[DD]

[MM]

[YEAR]

3. SEX (✓)

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MALE FEMALE OTHERS

4. NATIONALITY

[illegible]

5. RELIGION

☐ ISLAM ☐ HINDU ☐ CHRISTIANITY ☐ SIKHISM ☐ JAINISM ☐ OTHER

6. CATEGORY

☐ GENERAL ☐ OBC ☐ ST ☐ SC ☐ OTHER

7. PERMANENT ADDRESS

[illegible]

CITY

[illegible]

STATE

[illegible]

PIN CODE

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TELEPHONE

[illegible]

MOBILE

+91									
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EMAIL

[illegible]

[illegible][illegible]☐ SAME AS PERMANENT ADDRESS[illegible][illegible][illegible]

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[illegible]

+91									
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[illegible]

Examination	Roll No.	Year of Passing	Board/ University	Subject Offered	% of Marks	Division/ Grade
10th Std./ High school						
SSC/(10+2)/Inter						

Name of Professional Qualification/Diploma	Year of Passing	Board/ University	% of Marks	Division/ Grade	Experience in Months/ Years

[illegible]

11

7

NO

—

7

NO

IF YES, PLEASE SPECIFY

7

YES

1

NO

IF YES SPECIFY DURATION FROM TO

NAME

OR ENROLLMENT NO.

WORK EXPERIENCE

15. ARE YOU CURRENTLY EMPLOYED ?

7

NO

TYPE OF WORK

11

VOLUNTEERING

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PAID

NAME OF THE ORGANIZATION / INSTITUTION JOB TITLE

PARENT/GUARDIAN DETAILS

16. FATHER'S NAME

[illegible]

MOBILE

+91									
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EMAIL

[illegible]

OCCUPATION

[illegible]

17. MOTHER'S NAME

[illegible]

MOBILE

+91									
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EMAIL

[illegible]

OCCUPATION

[illegible]

18. NAME OF GUARDIAN / LOCAL GUARDIAN

[illegible]

MOBILE

+91									
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EMAIL

[illegible]

OCCUPATION

[illegible]

QUALIFICATION

[illegible]

19. HAS YOUR GUARDIAN OR ANY OTHER KNOWN PERSON WORKED AT OR IS WORKING AT ERA UNIVERSITY ?

1

NO

IF YES SPECIFY DURATION FROM TO

NAME

EMPLOYEE ID RELATION

DECLARATION BY THE CANDIDATE

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

PLACE :

Date :

Signature of the candidate

18. LIST OF ENCLOSURE :

DIPLOMA APPLICANTS ARE INSTRUCTED TO ENCLOSE THE FOLLOWING DETAILS:

S.no.	Particulars	✓/X
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 (if any)	
6	Disability Certificate (if any)	
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