

12. **Date of Admission in Institution**.....

(Enclose a copy of the Admission Letter)

13. **Date of Internship Completion**.....

14. **State Registration No. & Date**.....

15. **Brief Description of work experience of past two years**

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The above information furnished by me is true and correct. **If any information is found to be incorrect or false, I understand that my admission shall be liable to be summarily terminated without notice.**

Date:..... **Place:**..... **Signature of the Student**.....

Recommendation by the Designated Authority

Certified that the entries made by the student have been verified from the documents submitted. He/she is eligible for admission to the programme mentioned below as per the relevant ordinance of HBNI.

The said student is recommended for admission in **Programme**.....

Date:.....

Name & Signature of Designated Authority**

- ** 1. Dean-Academic (Relevant Discipline) for Ph.D./M.Sc.(Engg.) Programmes
- 2. Head Training School Division for Post Graduate Diploma Programme
- 3. Head, Radiation Medicine Centre for the academic programmes at BARC-RMC

Fee:The fee should be paid in the form of Demand Draft in favour of “Accounts Officer, HBNI”.

Attested Xerox copies of the Mark Sheets/Degree Certificates should be submitted with the enrolment form.

**To: Dean, HBNI
(BARC-RMC Enrolment forms through the Dean-Academic (Life Sciences), BARC)**

