DIRECTORATE OF TECHNICAL EDUCATION & STATE DESIGNATED COUNSELLING AUTHORITY APPLICATION FORM FOR ADMISSION TO POST GRADUATE DEGREE COURSES IN AHS (MASTER OF PHYSIOTHERAPY(MPT), MASTER OF OCCUPATIONAL THERAPY(MOT) MASTER OF OPTOMETRY (M.OPTOM.), MASTER OF MEDICAL RADIOLOGY AND IMAGING TECHNOLOGY (MMRIT) AND M.SC. (ECHO)) AT GOA MEDICAL COLLEGE 2026-27.

REG.NO.				Affix photograph
EMAIL ID:				
AADHAR CARD NO.		COURSE APPLIED FOR: (Encircle any **one**)	**MPT** **MOT** **ECHO** **MOPT** **MMRIT**	

INSTRUCTIONS TO CANDIDATES:

1. *Candidate must submit Single Application Form for admission. Read Rules of admission and other provisions in the Prospectus before filling the Form.*
2. *Candidates must submit application Form at DTE, Porvorim, together with self attested copies of required documents, and proof of payment of application fee of **Rs.2000/-**, during specified period, **or** scanned copy of the filled Application Form, in pdf format, together with self attested copies on email to **dtegoaadm-deg@gov.in** with the subject **'PG AHS'** during specified period.*
3. *Eligibility & Merit Lists, shall be displayed on DTE website **www.dte.goa.gov.in**. All applicants are advised to regularly refer to the DTE website for updated information related to the above admissions.*

1. NAME OF THE CANDIDATE: [*In Block letters as recorded in HSSC/SSC MARKSHEET*)

2.CATEGORY & GROUP APPLIED FOR

[Encircle the appropriate box (es)]

GEN	SC	ST	OBC	PwD	EWS

GROUP	I	II	III	IV

3.DATE OF BIRTH:

4. NATIONALITY

5.GENDER: FEMALE ☐ MALE ☐ OTHERS ☐

(Tick the appropriate box)

6. PERMANENT ADDRESS

7.CONTACT NOS.: 1

CONTACT NOS.: 2

8.UNDERGRADUATE DEGREE COURSE: (Details & Marks)

UNIVERSITY: **Month:** **Year:** **Seat No.:**

FOURTH YEAR		THIRD YEAR		SECOND YEAR		FIRST YEAR		AGGREGATE		AGGREGATE PERCENTAGE	
MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED

B) INTERNSHIP TRAINING :-

NAME OF THE INSTITUTE & UNIVERSITY	INTERNSHIP TRAINING PERIOD	
	FROM	TO

PAYMENT DETAILS OF APPLICATION FEE

FOR OFFICE USE ONLY

UNDERGRADUATE DEGREE COURSE: (Details & Marks)

UNIVERSITY: **Month:** **Year:** **Seat No.:**

FOURTH YEAR		THIRD YEAR		SECOND YEAR		FIRST YEAR		AGGREGATE		AGGREGATE PERCENTAGE	
MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED	MAX MARKS	MARKS OBTAINED

ELIGIBILITY STATUS(E/PE/NE)	MPT	MOT	M.Sc. ECHO	CHECKED BY:
SPECIALITY				
CATEGORY				VERIFIED BY:
MERIT NO.				

ADMISSION STATUS

ROUND	DATE	CATEGORY	MERIT NO.	COURSE	DT. OF ADMISSION	DT. OF CANCELLATION
I ST ROUND						
II ND ROUND						
III RD ROUND						
IV TH ROUND						
ADDITIONAL ROUND						

11.DECLARATION OF APPLICANT

Certified that I, _____, am an Indian National/OCI, and have read and accepted the provisions of the Prospectus, and have enclosed the self-attested copies of all the certificates in proper order as required, and submitted the application complete in all respects. In the event of my application found to be deficient or incomplete, and rejected by Admitting Authority, I shall be held responsible for the same.

I, _____,do hereby solemnly declare that the particulars furnished above are true, complete, and correct to the best of my knowledge and belief. I am fully aware that in the event of any information being found false or incorrect, or ineligible, being detected before or after the admission, appropriate action as deemed fit, by the Competent Authority, can be taken against me.

I, _____, state that I am eligible to be considered for admission to the Post Graduate Degree Course in Allied Health Sciences.

PLACE: _____ _____

(Signature of the Applicant)

DATE: _____ _____

Name as signed (Write in Capital letters)

ADDRESS : _____

_____

MOBILE: _____

DECLARATION BY PARENT/GUARDIAN OF THE APPLICANT

I, Shri/Smt. _____ aged _____ years, father/mother/guardian of Mr./Miss. _____, resident of Village/Town _____, District _____, in the State of _____ hereby declare that I have read and accepted the provisions of the Prospectus and the Particulars furnished in the application, including total annual income of both parents, are correct to the best of my knowledge and belief. I declare that I shall be held responsible for timely payment of all fees, rent, and other charges in respect of my son/daughter/ward during the period of his/her studies in the College.

I hereby declare that the Institute will not in any way be held responsible for accidents/injuries caused to my ward during the Classes, Practicals, Inplant Training in Industries, Educational Tours, Sports activity etc.

_____ PLACE:_____

(Signature of the Parent/Guardian)

DATE: _____

_____

Name as signed (Write in Capital letters)

11. CHECK LIST FOR THE DOCUMENTS TO BE ATTACHED

1. Please attach self- attested xerox copies of the certificates in following order and **tick** appropriately.
2. No **original** document should be attached, as the admission committee shall not be responsible for loss of original document.
3. Application form is to be submitted by the notified date, as specified in the prospectus.

Sr. No.	Documents to be submitted	Attached	Checked
1.	Photograph on the form		
2.	Statement of HSSC marks/Certificate		
3.	Statement of marks relevant Under Graduate Degree for all years		
4.	Degree Certificate /Provisional Degree Certificate of relevant Under Graduate Degree		
5.	Passing Certificate of relevant Under Graduation Degree		
6.	Internship Completion Certificate of relevant Under Graduate Degree from Institute & University		
7.	Certificate for reserved category claimed viz. SC, ST, OBC, PwD, EWS.		
8.	Certificate of date of birth		
9.	College leaving certificate		
10	Provisional Eligibility Certificate from Goa University (for applicants other than Goa University)		
11.	Migration Certificate from Goa University (for applicants other than Goa University)		
12.	Certificate of complete Hepatitis-B vaccination		
13.	Disability Certificate from Medical Board, GMC (if applicable)		
14	Bond completion certificate/relieving order		
15	NOC from present employer (if applicable)		
16.	Copy of Aadhaar Card		
ADDITIONAL DOCUMENTS			