



**OSMANIA UNIVERSITY  
HYDERABAD - 500 007**

**Application for Entrance Test and Admission into  
Post M.Sc. Diploma in Radiological Physics : 2023-24**

**Filled in application must be accompanied by a demand draft for specified amount drawn in favour of "The Director, Directorate of Admissions, O.U." towards the registration fee.**

Affix recent photograph & sign across the photograph  
(Do not pin/staple)

**Note:** The candidate should go through the information brochure before filling this form and ICR Summary Sheet in English

**Particulars of the Demand Draft for Downloaded application:**

(Please write your name and mobile number on the backside of the Demand Draft)

DD. No : .....Date : ..... Amount : .....

Bank: ..... Branch: .....

1. Name of the Candidate :  
(in Capital Letters as entered in the qualifying examination)

2. Name of the Father/Mother:

3. Sex (Put a ✓ mark)  Male  Female  4. Wether Sponsored: Yes/No

5. Date of Birth 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

  
(Attach xerox copy of S.S.C. Certificate)

6. Residential status (Put a ✓ mark)  Local  Non-Local   
(see annexure-I of Information Brochure)

7. Reservation Category (Put a ✓ mark)

ST	SC	BC-A	BC-B	BC-C	BC-D	BC-E	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Minority status  
(Put a ✓ mark)

Christian	Muslim	Linguistic	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Particulars of Qualifying Examination:

Name of the Exam	Month & Year of passing	Subject	Division secured	% of marks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Address for Communication  
( in Block Letters)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin Code \_\_\_\_\_ Phone No. \_\_\_\_\_

11. Particulars of study of preceding seven (7) years starting from the qualifying examination.

Course/Class	Year of study	School/College	Place & District
P.G. II Year			
P.G. I Year			
Degree III Year			
Degree II Year			
Degree I Year			
Inter II year			
Inter I Year			

12. Permanent Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin Code \_\_\_\_\_ Phone No. \_\_\_\_\_

13. Declaration:

I hereby solemnly affirm that the above information is correct and I am aware that my admission is liable to be cancelled at any time in case any information is found to be incorrect. I have gone through and understood the Rules, Regulations and Instructions of the Entrance Test and Admission procedure.

Date : \_\_\_\_\_

Signature of the Candidate

### CHECK LIST

**Arrange the application and enclosures in the following order:**

1. Acknowledgement Card
2. Application Form
3. Xerox Copy of 10th std. certificate (without this, the application will not be accepted)
4. ICR Summary Sheet (not to be pinned or tagged to the application)

**Submit the filled in application to**

Director Directorate of Admissions Osmania University, Hyderabad - 500 007 Telangana State, Phone : 040 - 27090136
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Application Number \_\_\_\_\_

**DIRECTORATE OF ADMISSIONS  
OSMANIA UNIVERSITY, HYDERABAD**

**ACKNOWLEDGEMENT CARD**

**Entrance Test and Admission into  
Post M.Sc. Diploma in Radiological Physics- 2023**

Your Registration Number is \_\_\_\_\_  
(Quote this number for any future correspondence)

for Director  
Directorate of Admissions, O.U.



**OSMANIA UNIVERSITY**  
**ICR SUMMARY SHEET**

**POST M.Sc. DIPLOMA IN RADIOLOGICAL PHYSICS : 2023**



**Instructions to fill the ICR Summary Sheet**

- a. Do not staple, wrinkle, scribble, wet or fold this form.
- b. Use only black ball point pen to fill the form.
- c. Leave one box blank between surname and name.
- d. Do not make any stray marks on this ICR form.
- e. Please make sure that the letters/codes written should not touch the edges of the boxes.

Registration No.  
(For office use only)

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1. Name of the candidate [write in CAPITAL letters without touching edges of the boxes]

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2. Father's Name [write in CAPITAL letters without touching edges of the boxes]

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3. Date of Birth

D	D	M	M	Y	Y	Y	Y

4. % Marks at PG Level

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(Enclose a Photo Copy of 10<sup>th</sup> Std. Certificate)

Darken the appropriate circles ●

5. Category

- SC             BC-C
- ST             BC-D
- BC-A         BC-E
- BC-B         Others

6. Residential Status

- Local
- Non Local
- Others (Other than A.P.)

7. Sex

- Male
- Female

8. Subject name and Code

**81. POST M.Sc. DIPLOMA IN RADIOLOGICAL PHYSICS : 2023**

**9. Address for communication:**

(Please Write in Capital Letters with Black Ink only)

<b>Name :</b>							
<b>PIN</b>							
<b>Mobile/Phone No.:</b>							

Do not attest  
the photograph



10. Affix your recent  
Passport size Photograph  
(Do not Pin/Staple the  
Photograph)

11. Signature of the candidate  
(within the box given above)