



**Institute of Genetics and Hospital for Genetic Diseases
(IGHGD), Osmania University, Begumpet,
Hyderabad – 500 016, Telangana**

APPLICATION FORM

Note :

1. Particulars in the form should be filled in by the candidate in his/her own hand writing in ENGLISH only.
2. Application form has to be downloaded from websites and must be accompanied with DD of Rs. 500/- towards processing fee.

**Bank DD No. _____ Dt. _____ for Rs. _____
drawn in favour of “The Director, Institute of Genetics, OU, Begumpet,
Hyderabad.**

Name and Address of Bank issuing DD:

1. **Full Name :**
(In BLOCK letters)
2. **Father’s Name :**
3. **Mother’s Name :**
4. **Date of Birth :**
(DD / MM / YYYY)
5. **Place and State of Birth:**
6. **Address for Communication :**

a) **Telephone No.(with STD Code):** _____

b) **Mobile:** _____ c) **Email:** _____

7. **Sex:**

8. **Nationality:** _____

9. **Whether SC / ST / OBC / GENERAL :**
(If SC/ST/OBC– attach copy of the Caste certificate.)

10. **Educational Qualifications:**

Graduation & Post Graduation	College/ Institution & University	Subjects	Marks /grade obtained	Year of passing

(self-attested copies of the certificates & marks sheets to be attached)

Affix passport size
photo and sign
across

11. **Specify the name of the course for which applying :**

12. ENCLOSURES TO THE APPLICATION FORM

The following documents must be attached with the Application form. Any lapse in this connection may result in delay in finalization of the Admission and / or rejection of the application.

- a. Demand Draft in favour of “**The Director, Institute of Genetics, O.U, Begumpet, Hyderabad**” for a sum as shown in the Fee Structure and payable at Hyderabad. All the demand drafts should be taken from **any Nationalized Banks** only.
- b. Attested Photostat copy of the Marks Memo of Qualifying examination
- c. In case of SC / ST / OBC enclose a Photostat copy of Caste Certificate.
- d. One self-addressed stamped envelope.

Place :

Date :

(Signature of the applicant)

U N D E R T A K I N G

I _____ S/o / D/o. _____

here by undertake to abide by the rules, regulations and stipulations of IGHGD, OU and I am aware that the legal jurisdiction in respect of all legal matters arising out of my admission for the course examination, such as admission / issue of course material / hall ticket / declaration for result and issue of marks memorandum / provisional certificate / original, degree certificate etc. or any other issues, is restricted to the twin cities of Hyderabad and Secunderabad only. I further agree that the courts / consumer forums outside of Hyderabad will have no jurisdiction.

I further, state that I shall abide by the regulations of the Centre / University incorporated in the Prospectus and also those issued from time to time during the course of my study.

I also declare and state that all the particulars furnished in the admission form are true and correct to the best of my knowledge and if any information is found to be contrary to the rules, my admission shall stand cancelled and I am liable for penal action as the IGHGD, OU deems fit. As such I will not have any claims for refund of fees.

Place :

Date :

(Signature of the applicant)

Mailing Address :

**The Director,
Institute of Genetics and Hospital for Genetic Diseases
Osmania University, Begumpet, Hyderabad - 500016, Telangana state
Phone: 8331997339/40**

Last Date for submission of filled in Application: 26.07.2025

The application can be downloaded from: www.instituteofgenetics.org / www.osmania.ac.in