## **APPLICATION FOR EQUIVALENCY CERTIFICATE BETWEEN**

DIPL		PLOMA OPERATION THEATRE TECHNOLOGY (DOT OPERATION THEATRE AND ANAESTHESIA TECHNOLOGY)		
1.	Name of the applicant			
2.	Age/ Date of birth			
3.	Contact Address			
4.	Phone Number			
5.	E-mail Id			
6.	Educational Qualification			
7.	Occupa	Occupation		
8.		of DOTT course Period of study Year of passing Name of Institution PMC Registration No		
<u>DECLARATION</u>				
All information provided above is correct to the best of my knowledge and I may be provided with a certificate equating my qualification (DOTT) with that of Diploma Operation Theatre and Anaesthesia Technology (DOTAT).				
			Signature	
			Name	
	Descri	ents to be englaced	Date	
	Docum	ents to be enclosed		
	a)	Attested copy of document to prove name and date of birth.		
	b)	Attested copy of DOTT course certificate		
	c)	Attested copy of mark list of DOTT		
	d)	Attested copy of paramedical council registration certificate		
	Fo	or Office Use Only		

Remarks