

APPLICATION FORM FOR MEDICAL PG ADMISSION

Course applied for :			Photo
Name (As in 10 th Certificate) :			
Aadhar no. :	Age/Gender :	Date of birth :	
Nationality :	Blood Group :	Religion :	
Caste :	Marital status :		
Name of Parent/Guardian :		Name of Mother :	
Occupation :		Annual Income :	
Permanent Address :			
Phone No. with STD code :			
Address to which communication is to be sent :			
Parent's Mobile No. (1).		(2).	
Email ID of Parent : (1).		(2).	
Student Mob no. :	Email ID:		

Educational Profile

Sl.No	Qualifying Examination	Name of the university / Council	Year of Passing	% of marks
1.	MBBS			
2.	Council registration			
3.	Council registration Number			

Anti Ragging undertaking reference number obtained after online submission in KUHS website	
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Details of Marks obtained in MBBS Examination

Subjects	Mark obtained	Maximum mark	Percentage of marks obtained
First Year			
Second Year			
Third Year			
Fourth Year			
Total			

Declaration by the Applicant

I do hereby declare that the information furnished above are true and correct to the best of my knowledge and belief.

Place : Date :	Name & Signature of applicant :
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Declaration by the Parent/Guardian

I hereby confirm having read the above information given by my ward and declare that the same are true and correct.

Place : Date :	Name & Signature of Parent/Guardian:
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NB

1. Please fill Block Letter only

2. Column not applicable needs be mentioned 'NA'

FOR OFFICE USE ONLY

1.	KUHS Online Basic Entry -Temp ID No.	
2.	CEE Online Entry	
3.	MCI Online Entry	
	Status	Registered /Not Registered

Admission Status	Approved	Pending	Rejected

Principal