



Eastern Medical College

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Photo

APPLICATION FORM For Admission in 1st year MBBS Course.

Date of Admission

Session

Form No.

Date

To be filled in by the applicant's own hand writing

1. Name (In block letter) : _____

2: Date of Birth : _____

3. Father's Name : _____

4. Father's Occupation : _____

5. Mother's Name : _____ Mother's Occupation : _____

6. Legal Guardian (Name, Address) : _____

7. Present Address : _____

8. Permanent Address : _____

Mobile No.

Father

Mother

Legal Guardian

Applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone No.

Father

Mother

Legal Guardian

Applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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E-mail Address.

Father

Mother

Legal Guardian

Applicant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9. Academic Qualification Results:

Exam.	Name & Address of School/College	Board	Year	Group	GPA	Total GPA	Marks Obtained In Biology (G.P)
S.S.C or Equiv.							
H.S.C or Equiv.							

10. Details of Admission Test :

a) College Code

b) Roll No

c) Merit Position

d) Test Score

e) Merit Score

Signature of the Student