

**ADESH INSTITUTE OF MEDICAL SCIENCES AND RESEARCH,
BATHINDA-151101 (PUNJAB) INDIA**

**APPLICATION FORM FOR ADMISSION TO MBBS COURSE
(Government Quota)
(For The SESSION 2012-2013)**

Paste Attested
Passport size
photograph

1. PMET Roll No.
2. Marks obtained in PMET
3. Category Name with Codes _____ Code
4. Name
(IN BLOCK LETTERS)
5. Father's Name
(IN BLOCK LETTERS)
6. Mother's Name
(IN BLOCK LETTERS)
7. Annual Income of Parents Rs. _____ (From all sources)
8. Sex Male Female
9. Date of Birth Day Month Year
10. Address for Correspondence _____

Tel. No. _____ Mob. No. _____ (Fax if any) _____
(With STD Code)
11. Permanent Home Address _____

12. a) Marks of 10+2 in PCB (PHY., Chem. & Bio.) Max. Marks Marks Obt.
b) Marks of 10+2 in PCBE (Phy., Chem.,
Biology & English) Max. Marks Marks Obt.
13. Tick Residence Status Punjab State Other State
14. School/College from where 10+1 & 10+2 passed:
(a) 10+1:

(b) 10+2:

15. Undertaking and pledge by the candidate:-

- a) I hereby certify that the entries made by me in this form are correct to the best of my knowledge & belief and I have not concealed any information in any manner.
- b) I agree to observe and abide by all the rules and regulations of the Institution in which I may be admitted, including those with regard to programme of studies, syllabus, scheme of examination, examination rules and the hostel rules that may be laid from time to time by Baba Farid University of Health Sciences and/ or institution during the period of my studies and I will not associate myself with any activity prejudicial to the discipline of Institution.
- c) I fully understand that for any violation or infringement of these rules and regulations, disciplinary action can be taken against me by the authorities which may include cancellation of the candidature.
- d) I certify that I am not involved in any illegal activity and no criminal case is pending against me in any court of law.
- e) I understand that if at any stage, it is found that I have provided any wrong information to seek admission, my admission shall stand cancelled automatically and I shall have no claim whatsoever, on the seat or the dues paid to the Institution.
- f) I certify that I have not passed the qualifying examination from more than one Board/University/any other examining body.

FULL Signature of the Candidate

Date _____

Undertaking by Parent/Guardian

- a) I certify that my son/daughter/ward Mr/Ms _____ has submitted this application with my knowledge and consent and that I hold myself responsible for his/her good conduct and his/her maintenance and any payment of fee during the stay at Institution. The entries made by him/her in the Admission Form are correct to the best of my knowledge and belief.
- b) I certify that my son/daughter/ward Mr/Ms _____ has not passed the qualifying examination from more than one Board/University/any other examining body.

Date:

Signature of Parent/Guardian

Name of Parent/Guardian _____