



AADHAAR No.

E-mail:

**OFFICE OF THE DEAN OF STUDENT AFFAIRS
INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION & RESEARCH
244, ACHARYA J. C. BOSE ROAD, KOLKATA-700020.**

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**FORM FOR ADMISSION TO MBBS COURSE
ACADEMIC SESSION: 2024 – 2029**

1. NEET Roll No. _____ 2. NEET Rank _____ 3. NEET Score _____ 4. Percentile _____

5. Admission through AIQ SQ Round 1 Round 2 Mop-up (Central) Mop-up (College level)

6. Name in full (**BLOCK LETTERS**) First Name _____

Candidate's mobile

Middle name _____

Surname _____

7. Date of Birth (DD / MM / YYYY) : _____ / _____ / _____ 8. Sex Male Female Other

9. Age (As on 01.08.2024): _____ years 10. Category UR SC ST OBC-A OBC-B OBC EWS

11. Admission under PwD category: Yes No 12. If YES, mention disability category _____

13. Nationality: _____ 14. Religion: _____ 15. Mother tongue: _____

16. Permanent Address (**BLOCK LETTERS**) _____

P.O.: _____ P.S.: _____

Dist.: _____ State: _____ Pin Code: _____

17. Present Address (**BLOCK LETTERS**) SAME AS ABOVE (If Yes, please Tick)

P.O.: _____ P.S.: _____

Dist.: _____ State: _____ Pin Code: _____

18. Father's Name (**Capital Letters**): _____

19. Father's Contact No / Mobile No.: _____

20. Mother's Name (**Capital Letters**): _____

21. Mother's Contact No / Mobile No.: _____

22. If father or mother is not guardian then, Guardian's Name: _____

23) Relation with the student: _____

24) Guardian's Contact No / Mobile No.: _____

25. Occupation of Father / Mother / Guardian: _____

26. Approximate average family income: Rs. _____ per month

27. Whether receiving Scholarship / Stipend from any source: Yes No

28. If **YES**, then mention source: _____

29. Subjects pursued in 10+2 Board Examination with percentage of marks obtained:

Subject	English	Physics	Chemistry	Biology	TOTAL (P + C + B)	PERCENTAGE (P + C + B)
Full Marks						
Marks obtained						

Year of Passing: _____ Roll No. _____ Percentage score: _____

Name of the Board: _____

30. Course last studied: _____

Name & Address of the Institution where last studied: _____

P.O.: _____ P.S.: _____

Dist.: _____ State: _____ Pin Code: _____

31. WBUHS Registration No. (If Applicable) _____ Session: _____

I / we hereby agree to abide by the rules and regulations in force at present or that may hereafter be made by the administration of the college, and undertake that so long as the applicant is a student of the college, he / she will do nothing either inside or outside the college that will interfere with its administration and discipline.

I / we have not provided any false information in this Form; if subsequently any information is found to be false, misleading or concealed, we understand that the admission may be cancelled.

I / we undertake to update within 30 days, the information in this Form if any changes occur subsequent to the submission of the Form, failing which appropriate disciplinary action, as deemed fit by the administration, may be taken.

I / we understand that admission to the MBBS Course does not guarantee hostel accommodation.

Signature of Guardian

Signature of Applicant

Date: _____

Place: _____
