



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Accredited by NAAC with 'A' Grade

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

APPLICATION FORM FOR ADMISSION TO MBBS COURSE 2016-17 (FN/PIO/NRI CATEGORY)

PROFILE OF CANDIDATE:

1. Personal Details :

- A) Name (in Block Letter) : _____
Surname First Name Father/Husband Name
- B) Address for Correspondence : _____
City / State: _____
Country / Pin Code : _____
Phone / Fax No: _____
Email ID : _____
- C) Date of Birth :

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 Age : ____
Date Month Year
- D) Place of Birth : _____
State Country
- E) Gender : _____
- F) Religion : _____
- G) Nationality : _____
- H) Passport No : _____
- I) Passport valid from : _____
- J) Passport Valid upto : _____
- K) Issuing Authority : _____

2. Details of Father:

- A) Full Name : _____
Surname First Name Father Name
- B) Occupation : _____
- C) Passport No. : _____
- D) Email ID : _____
- E) Mobile No. : _____

3. Details of Mother

- A) Full Name : _____
Surname First Name Father/Husband Name
- B) Occupation : _____
- C) Passport No. : _____
- D) Email ID : _____
- E) Mobile No. : _____

4. Permanent Address of Parents

- : _____
- City / State : _____
- Country / Pin Code : _____
- Phone / Fax No: _____
- Email ID : _____

5. Mailing Address of Parents

- : _____
- City / State : _____
- Country / Pin Code : _____
- Phone / Fax No: _____
- Email ID : _____

EDUCATIONAL PROFILE OF CANDIDATE:

1. Details of Qualifying Examination:

- A) Name of Examination : _____
- B) Year of Passing : _____
- C) Aggregate Marks % / Grade: _____
- D) Board / University : _____
- E) City / Country : _____

(Attach Equivalence Certificate by AIU , if applicable)

2. Specify if any Higher Examination is Passed :

- A) Name of Examination : _____
- B) Year of Passing : _____
- C) Aggregate Marks % / Grade: _____
- D) Board / University : _____
- E) City / Country : _____

3. NEET DETAILS: (If Appeared in NEET 2016)

A) NEET UG Roll No. : _____

B) NEET UG Application No. : _____

C) NEET Marks : Physics: _____ Chemistry : _____ Biology: _____

D) PCB Total Score : _____

E) Percentile Score: : _____

F) NEET All India Rank(Overall) : _____

Declaration by the Candidate:

I, _____ solemnly declare that the above statements are correct. I know that my admission is liable to be cancelled, if any of the above information is found to be incorrect, misleading and / or fraudulent and I undertake to make up the loss to the University by paying the tuition fees of the entire MBBS Course. I also undertake to abide by the Rules and Regulations of MGMIHS.

Date :

Place :

Signature of Candidate

Name:

Declaration by the Parent / Guardian

I have fully read the information furnished by my Son/Daughter/Ward and affirm that it is true to the best of my knowledge and belief. I understand that if any of the above information is found to be incorrect, misleading and / or fraudulent, my Son/Daughter/Ward is liable for disqualification for admission and criminal prosecution and I undertake to make up the loss to the University by paying the tuition fees of the entire MBBS Course.

Date :

Place :

Signature of Parent / Guardian

Name in Full:

Address: