



Admission Form 2025

Program: Masters in Medical Research

Form Submission Date:-

Exam Roll No:	
Full Name:	
Institutions Name:	
Date of Birth (AD):	Date of Birth (BS):
Nationality:	Sex:
Parent/ Guardian's Name:	
Parent/ Guardian's Contact No:	
Relation:	
Occupation:	
Corresponding Address:	
Telephone No:	Mobile No:
Email:	
<u>Payment Details</u>	
Mode of Payment: <input type="checkbox"/> Online <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	Deposit Amount:
Bank Deposit Details:	Deposited By:
Digital Payment Details:	Transaction ID (Online Paid):

Required Documents:

1. Admission Form
2. Deposited Bank Voucher
3. Degree Certificate Postgraduate Level
4. Respective Council Registration Certificate

.....
Applicant Signature / Date