



Admission Form 2026

Program: Masters in Medical Research (MMR)

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: ☐ Online ☐ Cash ☐ 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

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Applicant Signature / Date