Instruction for filling up the form

1. Fill in the blanks with BLACK/BLUE ink ball point only.
2. The Application Form should be complete in all respects and filled in the Applicant’s handwriting.
3. Use BLOCK LETTERS only.
4. Choice of test center and details of payment should be carefully filled.
5. Please tick ( ) wherever necessary.
6. Please read the instructions carefully before filling the form.

Roll No. (office use only) 

1. Candidate’s Name : (As given in class 10 Certificate)

2. Father’s Name : (As given in class 10 Certificate)

Date of Birth (DD/MM/YYYY) Gender

Male Female

Category

SC ST PH OBC BPL GENERAL MINORITY

Nationality

Address of Communication

Name of the Candidate : ________________________________________________________________

Date of Birth : ___________________ Sex : ________ Category (SC/ST/OBC/GEN OTHER) __________

Father’s Name : ________________________________________________________________

Address : __________________________________________________________ City : __________ PIN __________

Contact No. (With STD code) __________________________________________________________

For Office Use

(TO BE FILLED BY CANDIDATE)

Name of the Candidate : ______________________

Date of Birth : ________________ Sex : ________ Category (SC/ST/OBC/GEN OTHER)

Father’s Name : ________________________________________________________________

Address : __________________________________________________________ City : __________ PIN __________

Contact No. (With STD code) __________________________________________________________

Candidate’s Signature

Candidate’s Photo

Affix your recent passport size photograph DO NOT STPLE OR PIN THE PHOTOGRAPH

Candidate’s Signature

Common Medical Entrance Examination

www.imageconsultancyindia.com

MBBS-2013

Application From No.

From No.