MBBS-2013

Common Medical Entrance Examination

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Instruction for filling up the form

1. Fill in the blanks with BLACK/BLUE ink ball point only.

- 2. The Application From 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 from.

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 Nationality	Candidate's Photo
Address of Communication	Affix your recent passport size
	photograph DO NOT STPLE OR
	PIN THE PHOTOGRAPH
PIN CODE	Candidate's Signature
For Office Use	From No.
(TO BE FILLED BY CANDIDATE)	
Name of the Candidate :	
Date of Birth : Sex : Category (SC/ST/OBC/GEN OTHER	3)
Father's Name :	

Address :

City :_____

PIN_____

Contact No. (With STD code)_

Application From No.