

APPLICATION FORM FOR ADMISSION IN MBBS COURSE
ON RESERVED SEATS OF AJ&K MEDICAL COLLEGES

ACADEMIC SESSION 2018-19

NAME: _____ MALE / FEMALE _____

FATHER'S NAME: _____

Guardian's name, address & relationship with candidate: _____

PERMANENT ADDRESS: _____

PRESENT POSTAL ADDRESS WITH PHONE NO: _____

AGGREGATE SCORE AFTER ENTRY TEST _____

Matric + HSSC + ENTRY TEST

MERIT NO. IN THE DISTRICT ACCORDING TO FINAL MERIT LIST _____

DATE _____ SIGNATURE OF APPLICANT _____

Following document should be attached with the form at the time of submission.

1. Entry Test Admit Card.