

**GOVERNMENT OF WEST BENGAL
OFFICE OF THE PRINCIPAL
COLLEGE OF MEDICINE & SAGORE DUTTA HOSPITAL
578 B.T. ROAD, KAMARHATI, KOLKATA - 700 058
APPLICATION FORM FOR ADMISSION TO M.B.B.S COURSE**

1. Name in Full (Capital Letter) :

2. Contact No. :

3. Email ID :

4. Sex Male / Female :

5. Date of Birth :

6. Nationality :

7. Religion :

8. Category SC / ST/ OBC / GEN / PH ;

9. Permanent Residential Address :

(Village . P.O. P.S. Dist. Pin Code) :



10. Present Address (If any)

11. Father's Name

Contact No & Email ID

12. Mother's Name

Contact No & Email ID

13 Guardian's Name and relationship (In Case father is not alive)

14. Father's Guardian's Occupation and approx annual income

15. Local Guardian's name and contact Contact no (For other State Candidate)

16. Whether Receiving any Financial Assistance / Scholarship From any Source (Yes / No)
If yes, Details :

17. Name of School last attended and year of Passing :

18. Academic Qualification :

Name of the Board in 10+2	Division / Class / Grade	Year of Passing		Subject	Full Marks	Full Marks Obtained	Total Marks Obtained in PCS
			1	Physics			
			2	Chemistry			
			3	Biology			
			4	English			— x —
			5	Vernacular			— x —

(ii) Any other relevant information (mandatory for students who have passed school leaving examination before 2018)

19. Details of Entrance Examination:

Name of the Entrance Exam .	Entrance Exam. Roll No.	Maximum Marks	Marks obtained

20. University Registration No. (if any) with name of the University.

21. Whether Hostel Accommodation is required now - yes/ No, If Yes Vegetarian / Non- Vegetarian

I Hereby Certify that above statements of Particulars given by me are true, Further, I Hereby agree to abide by the rules and regulation at present in force or that may hereafter be made by the Govt. for medical teaching Institutions. and I Under take that so long as I am as student of the College I will do nothing either inside of outside that will interface with its Governance and discipline.

Date :

Signature of Applicant

Signature of Father / Mother / Guardian

Self Attested copies to be attached