**GOVERNMENT OF WEST BENGAL**

Paste Recent Passport Size Colour Photograph

**Office of the Principal**

**College of Medicine and Sagore Dutta Hospital, Kamarhati, Kolkata – 700 058**

**APPLICATION FORM FOR ADMISSION TO MBBS COURSE 2024-2025**

**Allotted Course** ...………….…......… ID No.(Voter Card/Aadhar Card/ Passport):..............................

NEET ROLL NO. ......................................... Rank ............................. Percentile ......................................

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Guardian’s Name:

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Guardians’ Mobile No.\*:

Date of Birth: .........................................Religion: ....................................Gender: ..................................

Whether PH : .......................................... Passing Year (XII): ............................................

Present Address: ...............................................................................................................................................

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Permanent Address: ..........................................................................................................................................

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**Willingness for next round** .............................................. (Yes/No)

**Declaration by the Candidate**

I ...................................................................................... , s/o / d/o ............................................................. hereby declare that the information and details furnished in this application form are true and correct to the best of my knowledge & I will abide by all the rules & regulations of your esteemed institution namely College of Medicine and Sagore Dutta Hospital, Kamarhati, Kolkata – 700 058 if there is any modification, I will also follow the same.

Date: ------------------------------------------

 S**ignature of the Candidate**