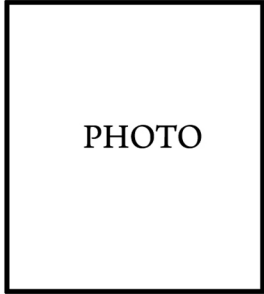




Award Form



PHOTO

1. Name of Candidate in English Block Letters. (As Per High School Certificate)

Grid of boxes for candidate name

Aadhaar No. [Grid of boxes]

2. Father's Name in English Block Letters.

Grid of boxes for father's name

3. Mother's Name in English Block Letters.

Grid of boxes for mother's name

4. Date of Birth [Grid of boxes] 5. Nationality [Grid of boxes]

6. Address for Correspondence / Permanent.

Grid of boxes for address

Pin. No. [Grid of boxes] Mobile. No. [Grid of boxes]

7. Name of Medical College/Institution

Grid of boxes for medical college name

8. Details of Examinations Passed : (Attested Photo Copy Should be enclosed)

Sr. No.	Name of Examinations	Name of Board/Council/Institution	Roll No./Enrol No.	Year of Passing	Marks obtained/Full marks	Division
1.	B.E.M.S. (FINAL YEAR)					
2.	M.D.E.H. (FINAL YEAR)					

Signature of the Candidate..... Signeture of the Centre In-charge.....

FOR OFFICE USE ONLY

Form Appliation Fee ₹ 500.Only.

REGISTRAR