

AMALA INSTITUTE OF MEDICAL SCIENCES

Amalanagar, Thrissur-680 555, Kerala, PH: 0487-2304116

PG SUPERSPECIALITY(DrNB) ADMISSION (2023-24)

DATABASE OF THE STUDENT

(Write in CAPITAL LETTERS only)	Photo
Sub: DrDNB in	
Admission No Date of Admission:	
1. Name of the student in full:	
2. Aadhaar No.: 3. PAN No.:	
4. NEET Roll No.: 5. NEET Marks: 5.	
6. NEET Percentile: 7. NEET Rank:	
8. Date of birth: 9. Nationality:	
0. Religion : 11. Caste:	
12. Belongs to (✓): SC ST OEC 13. Whether married (✓): 14. Sex (✓): M F 15. Place of birth:	Yes No.
16. Permanent address of Student.	
7. Father's Name:	
Occupation :	
9. Annual income of parents Rs.	
20. Permanent address of father/guardian: 21. Address for communication	on:
P I N	N .

Student Mobile. No.

E-mail ID:

22. Details of examinations passed:

Name of Course	Name of College	Name of University	Month & Year	Reg. No.	No.of chances
MBBS					
PG					

MBBS								
PG								
23. No. & date of Permanent Registration with TCMC: MBBS:								
	PG:							
24. T.C. obtained from (Name of College & year):								
25. Blood group:								
26. Proposed residence (✓): Day Scholar / Hosteller								
27. Extra curricular activities :								
28. Hobbies:								
<u>DECLARATION</u>								
We, the undersigned do hereby declare that the information furnished in this form is true to								
the best of our knowledge and belief. However, if any of the information is found to be false, later								
on, we agree to forfeit the PG Super speciality seat which shall stand automatically cancelled. We								
also agree to abide by the rules and regulations of Amala Institute of Medical Sciences.								
Signature of Pa	rent/Guardian		Signature of	f Candidat	e			
Date:								
Place:								