AMALA INSTITUTE OF MEDICAL SCIENCES Amalanagar, Thrissur-680 555, Kerala, PH: 0487-2304116 PG SUPERSPECIALITY(DM/MCh) ADMISSION (2023-24)					
DATABASE OF THE STUDEN	UT I				
(Write in CAPITAL LETTERS only)	Photo				
Sub: DM/MCh 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	Γ Marks:				
6. NEET Percentile: 7. NEET	ΓRank:				
8. Date of birth : 9. Natio	nality:				
10. Religion : 11. Cast	e:				
14. Sex (\checkmark): M F 15. Place of birth: 16. Permanent address	ether married (✓) : Yes No.				
of Student.	P I N				
17. Father's Name:					
18. Mother's Name:					
Occupation					
19. Annual income of parents Rs.					
20. Permanent address of father/guardian: 21. Addr	ess for communication:				
Image: Constraint of the constraint	P I N				
E-mail					
Student Mobile. No. E-mail ID	1				

22. Details of examinations passed:

Name of Course	Name of College	Name of University	Month & Year	Reg. No.	No.of chances
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 (\checkmark): Day Scholar / Hosteller

27. Extra curricular activities :

28. Hobbies :

DECLARATION

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 Parent/Guardian

Signature of Candidate

Date :

Place: