



NATIONALBOARD OF MEDICAL HEALTH SCIENCE & RESEARCH

APPLICATION FORM OF ADMISSION

Affix your
recent passport
size photograph
here

1.Course Name: _____

2.Name of the candidate: _____

3.Father/Guardian name: _____

4.Mother Name: _____

5.Date of Birth: _____

6.Gender: _____

7.Marital Status: _____

8.Nationality: _____

9.Religion: _____

10.Caste: _____

11.Category: _____

12.Permanent Address

13.Present Address

14.Name of college last attended: _____

15.Name of Board/Univeristy last studied in: _____

16.Educational Qualification:

Qualifying Exam	Roll No.	Year	Board/Univ	Marks Obt	Per/Div

17.Enclose original & Xerox copies of the following certificates-

- a) 10th class marksheet**
- b) 12th class marksheet**
- c) Transfer certificate**
- d) Migration certificate**
- e) Caste Certificate if belonging to SC/ST or OBC**
- f) 10 recent passport size photograph.**

Signature of Parent/Guardian

Signature of candidate