



APPLICATION FORM

Serial Number:

University of preference:

Course:

BDS(Dentistry) , MBBS (MD)(General Medicine) , Post-Graduation

Medium:

Russian , English

A. PERSONAL DATA (As recorded in your academic certificates)

Name:

Sex:

Date of Birth:

Age as on 31st December 2003 in completed years:

Mother tongue:

Nationality:

Marital Status:

Language Proficiency:

Write:

Read:

Speak:

Father's/Guardian's name and address:

Address:

Telephone No.:

E-mail:

Passport Details:

Number:

Date of Expiry:	<input type="text"/>
Date of Issue:	<input type="text"/>
Issued at:	<input type="text"/>

Address for correspondence:

<input type="text"/>

Telephone No.:	<input type="text"/>
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Telex/Fax/E-mail	<input type="text"/>
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Occupation of the Father/Guardian:

<input type="text"/>

Annual income of father/guardian:	<input type="text"/>
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B. ACADEMIC PARTICULARS

Examination Passed	a. School Leaving Certificate	b. Higher Secondary/ Equivalent exam (12th grade)	c. Any Higher Examination
Name & Address of the School / college	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the University/Board	<input type="text"/>	<input type="text"/>	<input type="text"/>
Regd. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of attempts for passing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year of Passing	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. QUALIFYING EXAMINATION (Higher Secondary Course or Equivalent)

Name of the Examination Passed:	<input type="text"/>
Name and Address of the Institution:	<input type="text"/>
University/Board to which attached:	<input type="text"/>
Total marks secured in all subjects:	<input type="text"/>
Out of Maximum:	<input type="text"/>
Percentage:	<input type="text"/>

Marks obtained in the following subjects in the qualifying examination:

	Maximum Marks	Actual Marks Obtained	Percentage of Marks
Physics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemistry	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biology	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aggregate % in Physics, Chemistry & Biology	<input type="text"/>	<input type="text"/>	<input type="text"/>
English	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. DECLARATION BY STUDENT

The Statements I have made above are true. I agree to conform to the discipline of the selection process and to accept the decisions of the medical University applied for as final. I further undertake to sign and execute any legal documents(s), if required, for the purpose of admission.

Date:	<input type="text"/>	Applicant's Signature:
Place:	<input type="text"/>	Parents/Guardian Signature: