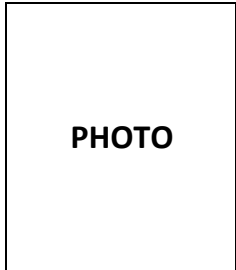




# ANANTA INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTER

N.H. 8, VILLAGE KALIWAS, TEHSIL NATHDWARA, RAJSAMAND - 313 202 (RAJ.)



## APPLICATION FORM 2018-19

DATE

COURSE NAME  M  B  B  S

### PERSONAL INFORMATION

STUDENT NAME

GENDER MALE  FEMALE

CATEGORY GEN.  SC  ST  OBC

DATE OF BIRTH    Age

FATHER'S NAME

MOTHER'S NAME

PERMANENT ADDRESS

PIN

MOBILE NO. (P)  (S)  Phone:

E-MAIL ID

QUALIFICATION 1)  10<sup>th</sup> 2)  12<sup>th</sup>

PERCENTAGE 1)  2)

NEET MARKS  PERCENTILE  NEET ALL INDIA RANK

STATE REG.ID /NO.  COMBINED STATE MERIT NO.

Signature of Student