

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 (✓): 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: