

PRAMUKHSHWAMI MEDICAL COLLEG, KARAMSAD
(under aegis of Sardar Patel University)

Application Form
Admission in 2nd Year MBBS (By Transfer)
for the Academic Year 2017 -2018

Paste self
Attested
Recent
Passport Size
Photograph

APPLICANT'S DETAILS

1. Full Name : _____
(Surname) (First Name) (Middle Name)

2. Father's Name : _____
(Surname) (First Name) (Middle Name)

3. Permanent Address : _____

4. Telephone No with Area Code: _____

5. Mobile : _____

6. E-mail Address (Mandatory) _____

7. Sex : Male/Female

8. Date of Birth : _____
(Date) (Month) (Year)

9. Nationality (Applicant) _____

10. Details of present college:

(a) Name of College : _____

(b) Address of College : _____

(c) Name of University : _____

(d) Address of University : _____

11. Details of 11th Std. Examination passed by student:

- (a) Month & Year of Passing : _____
(b) Examination Seat No. : _____
(c) Marks obtained out of : _____/_____
(d) Attempt : _____

12. Details of 12th Std. Examination passed by student:

- (a) Month & Year of Passing : _____
(b) Examination Seat No. : _____
(c) Marks obtained out of : _____/_____
(d) Attempt : _____

13. Details of 1st Year MBBS Examination passed by student:

- a. Name of College : _____ University : _____
b. Month & Year of Passing : _____
c. Examination Seat No. : _____
d. Marks obtained :

Sr.	Subject	Theory (External)		Practical (External)		Total (External)	
		Obtained	Out of	Obtained	Out of	Obtained	Out of
1	ANATOMY						
2	PHYSIOLOGY						
3	BIOCHEMISTRY						
TOTAL							

- e. Number of attempts : _____

14. List of Attached documents (Self Attested)

1. School Leaving Certificate / Birth Certificate
2. NOC from present College
3. NOC from present University
4. NOC from Pramukhswami Medical College
5. NOC from Sardar Patel University, VV Nagar
6. Certificate mentioning that present college is a recognized college by MCI.
7. Certificate of college mentioning attachment to the University
8. Mark Sheet of std.11th (Examination) or Equivalent Examination

9. Attempt certificate for 11th (Examination)
10. Mark Sheet of std.12th (HSC Examination) or Equivalent Examination
11. Attempt certificate for 12th (HSC Examination)
12. Mark Sheet of 1st MBBS
13. Attempt certificate of 1st MBBS
14. Draft of Processing Fee of Rs. 15,000/- in name of "*Pramukhswami Medical College*"
Amount Rs.D.D. No.
Name of Bank :-
Name of Branch :-
Date of Issue :-

(Application without above mentioned documents will be treated as not eligible application)

ADDRESS FOR SUBMISSION OF APPLICATION

Dean's Office
Pramukhswami Medical College
Gokalnagar Karamsad, 388325

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted. I undertake to abide by the decision / order of the Dean/Principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study. I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:

Place:

**Signature of the
Father/Guardian**

**Signature of the
Student**