

## REHBAR INSTITUTE OF MEDICAL SCIENCES

## BHAWANIGARH- 148026 (Sangrur)

Approved by I.N.C., New Delhi, P.N.R.C. & Punjab Govt.

## **ADMISSION FORM**

Note	This form is to be filled	d by the student in her o	wn handwriting in Ca	pital Letters	s Only	
Applied for Course	: G.N.M.	A.N.M.	UP-Vaid		<b></b>	
Hostel Required:	Yes	No	D. Pharmacy Ay	urvedic		
Name:		· · · · · · · · · · · · · · · · · · ·				ste Recent
Father's Name :						ssport size
Mother's Name:						lotograph
Date of Birth :						
Address : (Give Gu (1) Permanent	· · · · · · · · · · · · · · · · · · ·	ddress if Father is d				
(2) Corresponde	nce :					
(3) Contact No.	:				<u></u>	
Marital Status:	Married	Un Married	Divorce			
Name of State can	didates belongs to:	· · · · · · · · · · · · · · · · · · ·	Nationali	ty:		
Educational Qualif	ication:					
Examination Passed	Board/ University	Subject taken	Marks Obtained	Total Marks	%age	Remarks
Matric				IVIAI KS		
	2					
10+2 (Med./ Non-Me <mark>d.)</mark>						
Any Other	19.		10			
Fee Details: Cash R. No. /Bank Draft No Amount:					it:	
Name of Bank :						
been concealed th	erein. I understand	given above is true that my admission any fee refund in an	is provisional su			

Place:

Date :

(Signature of Student)

(Signature of Parent/Guardian)