

OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, RAJANNA SIRCILLA

Local/Non Local

APPLICATION FORM

Registration No.

Course Applied :

| | | | | | |
|----|--|-----------------------------------|--|---------------------|-----------------------|
| 1 | Name of the Candidate: (Capital Letters) | | | | |
| 2 | Fathers Name: | | | | |
| 3 | Mothers Name: | | | | |
| 4 | Gender: | | Male () | Female () | Other () |
| 5 | Date of birth as per SSC: | | | | |
| 6 | Age as on 01-07-2024: | | | | |
| 7 | Caste with Sub Caste SI.No. | | | | |
| 8 | Intermediate Passed: | | 1 st Attempt /Compartmental | | |
| 9 | Intermediate Group: | | | | |
| 10 | Maximum Marks 1 st year & 2 nd year: | | Max: | Marks Obtained: | |
| 11 | Maximum Marks 1 st year & 2 nd year without Languages: | | Max: | Marks Obtained: | |
| 12 | Percentage | | Total % | Without Languages % | |
| 13 | Special Category | | PH/CAP/Sports/NCC | | |
| 14 | Class | Name Of the School/College | Study Place | Study Mandal | Study District |
| | 6 ^t | | | | |
| | 7 th | | | | |
| | 8 th | | | | |
| | 9 th | | | | |
| | 10 th | | | | |
| | Inter | | | | |
| 15 | Address | | | | |
| 16 | Mobile No of the Student | | | | |
| 17 | Aadhar No of the Student | | | | |

Enclosures:

- 1) SSC Memo/Date of birth Certificates
- 2) Intermediate Passed Marks Memo/Its equivalent(Including T.C)
- 3) Study Certificate 6th to Intermediate (10+2)
- 4) Caste Certificate if Applicable
- 5) Special Category (PH/CAP/SPORTS/NCC) if Applicable
- 6) Residence Certificate
- 7) Aadhar Card

Signature of the Scrutinizer