

**OFFICE OF THE DIRECTOR-PRINCIPAL, GOVT. MEDICAL COLLEGE, AMRITSAR.**

Application form for B.Sc. APB Course Session 2024

3 Name ( in Block letter)\_\_\_\_\_

4 Father's Name ( in Block letter)\_\_\_\_\_

5 Occupation \_\_\_\_\_

6 Mother's Name ( in Block letter)\_\_\_\_\_ Occupation \_\_\_\_\_

7 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Month \_\_\_\_\_ Days( as on 31.12.2024)

8 Annual Family income ( From all Sources \_\_\_\_\_

9 Marital Status \_\_\_\_\_

10 Do you belong to a Reserve Category Yes/ No. if yes, specify the Category \_\_\_\_\_

11 Permanent Address ( in Block

Letter) \_\_\_\_\_

Tele Phone / Mobile Ph No \_\_\_\_\_

Email \_\_\_\_\_

12 Correspondence Address ( in Block

letter) \_\_\_\_\_

Academic Qualification (Starting from Matriculation Onward):

Exam Passed	Year of Passing	Name School/ College	University /Board	Total Marks	Marks Secured	% age of marks Secure	Stream Medical/Non-medical Arts/ any Other
Matric							
10+1							
10+2							

13 Whether Selected in Previous Counselling: Yes/ No

14 If Yes- Institution allotted

Enclosures (Please attach attested copies of the following)


Sr.No	Document	Checked by for office Use	Remarks(for office Use)
1	Date of Birth Certificate/ Matric Certificate		
2	10+1 Detailed Marks Certificate (DMC)		
3	DMC of qualification examination i.e. 10+2		
4	Character Certificate from the last institute attended		
5	Residence Certificate		
6	Supporting Document/Certificate if applying under any Category		
7	Demand Draft ( in Original)		
8	Three recent unattested passport Size Photographs		

**Last Date for Receipt of Admission Application Form 30.09.2024 Time 11.00 AM**

ਦਫਤਰ ਡਾਇਰੈਕਟਰ ਪ੍ਰਿੰਸੀਪਲ ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ, ਅੰਮ੍ਰਿਤਸਰ

BSc APB ਖਾਲੀ ਪਈਆਂ ਸੀਟਾਂ ਦਾ ਵੇਰਵਾ ਸਾਲ 2024-25

Course Name	Vacant Seats
Bsc APB	01

  
ਡਾਇਰੈਕਟਰ/ਪ੍ਰਿੰਸੀਪਲ,  
ਸਰਕਾਰੀ ਮੈਡੀਕਲ ਕਾਲਜ ਅੰਮ੍ਰਿਤਸਰ  
