

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

Application form for B.Sc. APB Course Session 2023

- 1 Name (in Block letter)_____
- 2 Father's Name (in Block letter)_____
- Occupation _____
- 3 Mother's Name (in Block letter)_____
- Occupation _____
- 4 Date of Birth _____ Age _____ Years _____ Month _____ Days(as on
31.12.2023)
- 5 Annual Family income (From all Sources)_____
- 6 Marital Status_____
- 7 Do you belong to a Reserve Category Yes/ No. if yes, specify the Category_____
- 8 Permanent Address (in Block Letters)
- _____
- _____



Telephone / Mobile Ph No_____

Email_____

- 9 Correspondence Address (in Block letters)
- _____
- _____

Academic Qualification (Starting from Matriculation Onwards):

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							

- 10 Whether Selected in Previous Counselling: Yes/ No

- 11 If Yes- Institution allotted

Signature of the Parent / Guardian

Signature of Candidate

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 28.09.2023