	Pt.J.I		cal Col	iege	кар	ur C	.G.				
	M.B.B	.S. Admis	sion St	uden	t Pro	file 2	016			Photo	D
Student Name											
Date of Birth											
Fathers Name											
Mothers Name											
								Бал			
Fathers Occupation	Govt		5	Self / Pvt.				Farmer			
Designation (for Govt)											
Name of office											
Annual Income											
Postal Address											
i Ustal Address											
Pin Code											
Permanent Address											
Pin Code											
Parents Mobile No.											
Student Mobile No											

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MBBS Selection Detail

Selected By

Roll No.

Obtained Marks/MM

12th Passing Details

Passing Year

Marks in 12th

Board Name

	Ove Ra	r All Ink		Cate Ra	gary Ink		Allotment Category		

		1				
12th P+C+B	OBT	MM	12th English	OBT	MM	

Above given information is true. When I will change my Present/Permanent Address or My Contact Number during my study, I will inform dean office immediately.

Date:-

Father /Parent Sign

Student Sign