

Office Use

Admitted on

Enrolment No



KING GEORGE'S MEDICAL UNIVERSITY U.P., LUCKNOW
KGMU INSTITUTE OF PARAMEDICAL SCIENCES

(TO BE FILLED THE STUDENT'S OWN HANDWRITING)

Name

(In Capital Letters)

Roll No. / Rank

Father's Name Occupation

Father's Income : Rs. Per Month

(Attach Income Certificate)

Mother's Name Occupation

Place and Date of Birth

Caste Sub Caste Blood Group

Aadhar card No : Self Father Mother

Telephone No..... Mobile Email

Permanent Address

..... District PIN

Local Guardian's Name, Address & Phone No.

..... PIN

A. General Education

Particulars	Year	School or College Board / University	Name of Subject	Total Marks Obtained / Max. Marks	Division
High School					
Intermediate					
Other Examinations					

B. Co-curricular activities

.....

.....

(Signature of Student)

Verified By

(Signature of Parents/Guardian)

With Full Name

Self attested
Photograph
attached