



REHBAR INSTITUTE OF MEDICAL SCIENCES

BHAWANIGARH- 148026 (Sangrur)

Approved by I.N.C., New Delhi, P.N.R.C. & Punjab Govt.

ADMISSION FORM

Note: This form is to be filled by the student in her own handwriting in Capital Letters Only

Applied for Course: G.N.M. A.N.M.

Hostel Required: Yes No

Name:

Father's Name :

Mother's Name:

Date of Birth :

Address : (Give Guardian's name & address if Father is deceased)

(1) Permanent :

(2) Correspondence :

(3) Contact No. :

Marital Status: Married Un Married

Name of State candidates belongs to: Nationality:

Educational Qualification:

Examination Passed	Board/ University	Subject taken	Marks Obtained	Total Marks	%age	Remarks
Matric						
10+2 (Med./ Non-Med.)						
Any Other						

Fee Details:

Cash R. No. /Bank Draft No. Date: Amount:

Name of Bank :

I hereby declare that the information given above is true to best of my knowledge & belief. Nothing has been concealed therein. I understand that my admission is provisional subject to approval of P.N.R.C. & other authorities. We will not claim any fee refund in any case.

Place:

Date : (Signature of Student) (Signature of Parent/Guardian)

Paste Recent
Passport size
Photograph