2017

MEDICAL PG LIBRARY

12/618-1,POTTAYIL LANE,
Near MANGALODAYAM PRESS,POOTHOLE
Thrissur - 680004

Roll No :

Batch :
(For Office use)

ONLINE EXAM APPLICATION FORM

Affix your recent passport size photograph

Name

Date of Birth d d m m y y y y

Sex ☐ Male ☐ Female

	Permanent Address
Address	

Mobile	
Phone(Res)	
E-mail	

MBBS (PMET) Entrance Details

Rank	Year	State

MBBS

Year of passing .

% of marks in final exams .

University :.....

College :.....

Address :.....

.....

Any other Degree/Diploma

Fee Details

Name of Bank : ..... payable at **…...THRISSUR…..**

DD Number :.....Date .....Amount **Rs.5000/……**

Drawn in favour of : **MEDICAL PG LIBRARY**

I have read the instruction and agree to abide the rules and regulations of the centre and refund rules during the course.

Date :……..

Signature of candidate