

2018

MEDICAL PG LIBRARY

C/o MEDPGTHRISSUR, 19/604.ACHA BHAVAN
Kizhakkumpattukara, Thrissur - 680005, Kerala

Roll No :

Batch :

(For Office use)

ONLINE EXAM APPLICATION FORM

Name

Name input field with 20 boxes

Date of Birth

Date of Birth input fields for day, month, and year

Sex

Sex input fields for Male and Female

Affix your recent passport size photograph

Permanent Address input field

Mobile, Phone(Res), and E-mail input fields

MBBS (PMET) Entrance Details

Rank, Year, and State input fields

MBBS

MBBS details including Year of passing, % of marks, University, College, and Address

Any other Degree/Diploma

Any other Degree/Diploma input field

Fee Details

Fee Details including Name of Bank, DD Number, Date, Amount, and Drawn in favour of

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