PRAVARA INSTITUTE OF MEDICAL SCIENCES (Deemed University)

University established under section 3 of the UGC Act 1956
vide Notification No. F.9-11/2000-U.3 by the MHRD Govt. of India

Loni - 413 736, Tal - Rahata, Dist - Ahmednagar, (MS), India
Tel : + 91-2422-273600, Extn - 1226, Fax : +91 2422-273442
E-mail - pravara@bom3.vsnl.net.in, contact@pmtpims.org
Home Page : http://www.pravara.com

Application Number
(For Office use only)

FOR ADMISSION UNDER F.N./P.I.O./N.R.I. TO
UNDERGRADUATE PROGRAMMES

APPLICATION FORM

Paste your recent (Not more than 3 months old) colour (sharp) photograph here

Important Instructions :

- Tick in the appropriate box against item Nos. 3,4,6,8 and 15
- All entries in this form must be in CAPITAL LETTERS only

1. Name of the Candidate in full (as given in your qualifying Exam. certificate)

2. Date of Birth D D M M Y Y Y Y

3. Sex : Male ☐ Female ☐ 4. Category : F.N. ☐ P.I.O. ☐ N.R.I. ☐

5. Nationality : i. Of candidate ☐ ii. Of Guardian ☐

6. Admission to : MBBS ☐ BDS ☐ BPTh ☐ BSc Nursing ☐

7. Period of residence in foreign country : Years ☐ Months ☐

8. Whether Father/Mother/Guardian is in service aborad ? : Yes ☐ No ☐ if Yes

i. Name of Country :

ii. Length of Service : Years ☐ Months ☐

iii. Place and address of Service of Father / Mother / Guardian

PIN Code

9. Address for correspondence

PIN Code

10 . E-mail ID:

11. Tel. No. (with country & area code)

12. Fax No. (with country & area code)

13. Valid Passport of the Candidate :

14. Name of the Board of Qualifying Examination

15. Name of the Qualifying Examination :

Passed Appeared

16. Percentage of of Marks/Grade in the Qualifying Examination _____

17. Marks / Grade obtained in the qualifying exmination (if already passed)

	English	Physics	Chemistry	Biology or (Botany + Zoology)	Total PCB
Maximum Marks					
Minimum Passing Marks					
Marks / Grade Obtained					
Percentage					

18. Processing Fee US $ 100.00 paid by DD.

D.D. No. _____Date _____ Amount _____

(Enclose D.D. do not Stapple)

Name of Bank : _____

Issuing Bank _____

Specimen Signature of Candidate :

19. Declaration :

I hereby declare that the information furnished by me is correct and true to the best of my knowledge and belief. I have not suppressed any information. I am aware that I shall be liable to civil / criminal action against me by the Competent Authority if any of the information given by me is found to be incorrect and false.

Signature of the Candidate

Date : _____

Signature of the parent / Guardian

Date : _____

20. List of Photo copies of documents to be enclosed alongwith Application Form

i. H.S.C. / Equivalent Mark/Grade Statement (ii) Transfer / School leaving Certificate from the Institute last attended (iii) Nationality / Certificate copy of candidate in case of N.R.I. / F.N. & Nationality Certificate of Guardian in case of P.I.O. (iv) Passport (v) Physical fitness certificate from a registered Physician, (vi) Certificate from the owner / Head of the Institute starting the length of service & Total emoluments if guardian is in service in foreign country, (vii) Income certificate from Competent Authority, in case the guardian is self employed