



College of Medicine & J.N.M Hospital
The West Bengal University of Health Sciences
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ADMISSION FORM
1ST PROFESSIONAL MBBS COURSE

Session: 2020-2021

Passport size
Photograph to
be affixed.

1. Name in Full (in block letters) :
2. Institution from which the candidate passed the Higher :
Secondary(10+2)/Equivalent Examination :
3. NEET-UG 2020 Rank :
4. Registration No. & Year of Registration (if the candidate :
already been registered with the West Bengal University :
of Health Sciences) :
5. Permanent Address (in block letters) :
.....
P.O. :
- P.S. :
- Dist. :
- State :
6. Date of Birth (According to Madhyamik or equivalent :
certificate) :
7. Nationality :
- Religion :
8. a) Whether Selected against reserved seats for SC/ ST :
- b) Whether Selected against reserved seats for OBC A/B :
- c) Whether Selected against reserved seats for EWS :
- d) Whether Selected against reserved seats for PWD :
9. a) Father's Name :
- Occupation :
- Tel/ Mob. No. :

b) Mother's Name :

Occupation :

Tel / Mob. No. :

c) Guardian's Name :

Occupation :

Tel / Mob. No. :

d) Relation with the Guardian (if the Guardian is other than parents) :

e) Approximate annual income of the father/ guardian :

Rs.

10. A) Examination Passed (10+2) :

Examination	Board/University	Year of Passing	Result/ Division	Subject	Full Marks	Marks Obtained	Percentage of marks
				Eng			
				Math			
				Physics			
				Chemistry			
				Biology			
				Total of Physics, Chemistry & Biology			

Certified that the above statement is true. I agree to abide by the rules and code of discipline of the Institute.

Guardian's Signature & Communication address:

Phone No.: (L) _____

(M) _____

(Signature of the candidate in full)

Rank (NEETUG) _____

Date _____

E mail:

Phone No.: (L) _____

(M) _____

Verified by: _____