

Regd. No. 21337/141

Form No. IMRC- 02

# **INTEGRATED INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH (IIPMER)**

(A unit of Integrated Medical & Research Council of India Under Partnership with Govt. of India)

vide no. OR/2014/0074550.

H.D Dasarath Pur Jaj Pur Orissa 755006J&K R.O Ward No. 8 Rajouri City Rajouri J&K

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## **APPLICATION FORM FOR ADMISSION IN**

<b>Doctor of Medicine(M.D) Programme</b>	<b>INT. Medicine / OBST. &amp; Gynecology</b>
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Enroll No. \_\_\_\_\_

Regd. No. \_\_\_\_\_

An attested  
copy of recent  
passport size  
photograph  
should be  
attached here

**(FOR OFFICE USE ONLY)**

1. Name of the Candidate's (in block letters, Surname first):

2. Sex  3. Religion  4. Nationality

5. Date of birth (as recorded in High School Certificate)

In figure:

In words:

6. Mention whether belong to SC/ST/OBC

7. Father's Name:

8. Mother's Name:

9. Guardian's Name (if other than father)

10. Home Address:

11. Present Address

12. Physical disabilities (if any):

13. Occupation:

14. Academic History of the candidate (attested copies of all mark sheets to be enclosed)

Name of Exam	Name of Institution	Division	Marks Obtd.	Max. Marks	%age of Marks	Optional Subject	Year of Passing

15. Tick the option which is applicable

(a)  INT. MEDICINE      (b)  OBST. & GYNAEC

**DECLARATION**

I hereby declare that the particulars furnished in this form are true to the best of my knowledge.

Date of application \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the candidate

**UNDERTAKING**

I hereby agree to abide by all the rules of the institution. I also hereby declare that should any instance of indiscipline or disobedience of the rules laid down by the institution or should any conduct in the institution is found not satisfactory my name will automatically be removed from the institute register and cannot claim for refunding of dues at any circumstance.

Signature of the candidate

Specimen Signature

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_