

### **KPC MEDICAL COLLEGE & HOSPITAL, JADAVPUR** KOLKATA, WEST BENGAL

# www.kpcmedicalcollege.org

# APPLICATION FORM FOR MBBS COURSE ACADEMIC SESSION 2014-15

		FOR OFFI	CE USE ONLY	
ROLL NO	MB	BS/1415/	APPLICATION NO	APP/1415/
	1	To Be Filled with Blue/Black Ball	Point Pen Only. Write in	CAPITAL
NAME		Mr./Miss./Mrs.		Paste Latest Passport size
SEX		MALE/FEMALE	& HOSA	Photograph Here .
DATE OF BIR	TH	_// AGE : (DD/MM/YYYY)	(As on 31/De	required across the
NATIONALIT	Y	7 6	1 3 2	photograph
E-MAIL ID		0 5 -11	1 i	IA
		PARENT/GUA	RDIAN DETAILS	
NAME		E		
OCCUPATION	N	5	8 3	
MOBILE NO		Nº 1	6 8 - P	
TELEPHONE (WITH STD)	NO	KOL	KATA	
E-MAIL				
		RESIDENTI	AL ADDRESS	
PRESENT ADDRESS				
PIN CODE				
PERMANENT ADDRESS				
PIN CODE				
N.B :- Applica	ation	form , incomplete in any respec	t will liable to be rejected	

DETAILS OF H.S. OR EQUIVALENT EXAMINATION									
NAME OF BOARD/UNIVERSITY									
MONTH & YEAR OF PASSING OF THE QUALIFYING EXAMINATION	MONTH/YEA	NR :	1	-	1				
SUBJECT	PHYSICS	CHEMISTRY	BIOLOGY	TOTAL	ENGLISH				
FULL MARKS									
MARKS OBTAINED									
(%)									

#### **Details of Attachment :**

Copy of the Admit Card(In lieu of that-age proof certificate) together with copies of the marksheet of 10 + 2 (both side) duly attested by a Gazetted Officer or by Principal/Headmaster of any educational institute of repute are to be attached with the application.

DETAILS OF DEMAND DRAFT						
D.D.NO .						
IN FAVOUR OF	KPC MEDICAL COLLEGE & HOSPITAL,JADAVPUR PAYABLE AT KOLKATA.					
AMOUNT IN RS.	6000/-					
DATE OF ISSUE	/ /2014					
ISSUING BANK NAME	2 0 0 0 5					
DRAWN ON BRANCH	0 20 0 0 2					
	C, A O A S					

#### APPLICANT'S DECLARATION

I wish to apply for admission to the **KPC Medical College** MBBS course and declare that all the above particulars are true to the best of my knowledge and belief. I agree that acceptance of this application does not confer on me any right in respect of selection for admission.

Date: .....

Thumb Impression (L/R) Signature : .....

#### PARENTS/GUARDIANS DECLARATION

I am aware of the financial obligations in my child / ward applying to **KPC Medical College & Hospital**, **Jadavpur** and I undertake to pay the tuition and other fees payable to the institution as per the rules of the institution.. I also affirm that my child / ward shall follow all the rules and regulations as prescribed by the College from time to time..

Date																									
Date	•	••	• •	•	• •	• •	•	•	• •	• •	•	•	• •	•	•	•	•	•	•	•	•	•	•	•	

Signature :	
-------------	--

### **ADMIT CARD FOR ENTRANCE EXAMINATION FOR MBBS COURSE, 2014**

NAME : ADDRESS :	06/Jul/2014 11.00 AM - 1.00 PM	Paste Latest Passport size
ADDRESS :		Photograph
		Here .
	Reporting Time	Applicant`s
	09.00 AM	signature is required
Venue : KPC MEDICAL COLLEGE 1F,Raja S.C.Mullick Road, Jadavpur Kolkata- 700032		across the photograph

### ADMIT CARD FOR ENTRANCE EXAMINATION FOR MBBS COURSE, 2014

ROLL NO :MBBS/1415/	Exam Date & Time	
NAME :	06/Jul/2014	Paste Latest
ADDRESS :	11.00 AM - 1.00 PM	Passport size Photograph Here
	Reporting Time	Applicant`s
	09.00 AM	signature is required across
Venue : KPC MEDICAL COLLEGE 1F,Raja S.C.Mullick Road, Jadavpur Kolkata- 700032		the photograph

#### \*\*INSTRUCTIONS TO THE APPLICANT

- 1. All candidates shall mark answers in **<u>BLACK BALL POINT PEN</u>** only, Answers once marked can not be changed..
- 2. No electronic gadgets including cell phone shall be allowed in the examination hall
- 3. Bring this admit card with you, without which you are not allowed to appear in the examination.
- 4. Test Pattern : Physics-30 questions, Chemistry-30 questions, Biology-60 questions.
- 5. Questions will be MCQ type and there will be no negative marking.