

OFFICE OF THE PRINCIPAL
Maharshi Vashishtha Autonomous State Medical College, Basti (U.P.)

M.B.B.S. ADMISSION FORM- 2020-21

Affix self-attested
passport size
photograph

Student's Name First																				
Middle																				
Last																				
Date of Birth																				
Father's Name																				
Mother's Name																				
Sex (M/F/)						Category (UR/OBC/SC/ST)					Physically Handicapped									
Present Address																				
Permanent Address																				
Aadhaar No.																				
Contact No. (Guardian)																				
Student Mobile No.																				
E-Mail ID																				
State of Domicile																				
MBBS Selection Details	Roll No.																			
Selected By						NEET Percentage														
	All Over Rank										Category Rank									
Obtain Marks/Max Marks																				
12 th Passing Details																				
School Name																				
School Address																				
Board Name																				
Passing Year																				
	English					Physics					Chemistry					Biology				
	Total Obtain Marks/Max Marks										Percentage									

I declare that all the information to this application are complete and true to the best of my knowledge including the information on my academic background. When I will change my Present /Permanent Address or My Contact Number during my study, I will inform Dean Office immediately.

Parent Sign.

Student Sign.

Date & Place:-