

Gwalior Mansik Arogyashala, Gwalior (M.P.)

(An autonomous Institute under the Department of Medical Education, M.P.)

Jail Road, Gwalior-474012, Ph. No.- 0751-2481841.

APPLICATION FORM FOR ENTRANCE EXAMINATION 2022-24

Website: www.gwaliormentalhospital.org

Roll No.:

(To be assigned by the office only)

1. Course Name:

2. Reservation Category- GEN/ OBC/SC/ST/EWS

3. Name (in Block letter):

4. Gender- 1. Male 2. Female

5. Father / Husband Name: (in Block letter)

6. Mother's Name: (in Block letter)

7. Date of Birth:

8. Marital status: 1. Married 2. Unmarried

9. Domicile state:

10. Email address:

13. Mobile No. :

(1) Parent's:

(2) candidate:

11. Correspondence address:

12. Permanent address:

Affix
passport
size photo

13. Educational Qualifications:

Examination	Board/University	Subject	Year of Passing	%
High school				
Intermediate				
B.A.				
M.A./M.Sc.				
Any others				

14. Present occupation if any:-

15. Bank Details:-

Issue Bank name	Issuing Branch	Amount	Draft No.	Date of issue

Declaration

I.....S/O D/O W/O....., do here by declare that all the details furnished by me in the application form are true. If any false information is found either before or after examination/ joining my candidature will be cancelled.

Date :

Place:

Signature of the Candidate: