

SHYAM SHAH MEDICAL COLLEGE REWA MP

MPMSU STUDENT REGISTRATION FORM

1. Name of Student:/...../.....
(First Name) (Middle Name) (Last Name)

2. Name of Father :/...../.....
(First Name) (Middle Name) (Last Name)

3. Date of Birth:

D	D	M	M	Y	Y	Y	Y
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4. Gender :(Male/Feamale)

5. Category :.....(UR/SC/ST/OBC)

Please affix recent passport size photograph same as used during admission process

Signature

Left thumb impression

6. Adhar card No:

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7. Mobile No:

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8. Admission date:

D	D	M	M	Y	Y	Y	Y
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9. Course: MBBS/MD/MS/PG Diploma

10. Specialization Course

11. Nationality :.....

12. Domicile: (1) MP Domicile (2) out side MP(Mention Place)

Signature of Student

Signature of HOD