



APPLICATION FORM 2024

Paste a recent
Passport photograph
with name
printed on it

MBBS COURSE ACADEMIC SESSION

CANDIDATES TO FILL INFORMATION WITH A BLACK/BLUE BALL POINT PEN
IN CAPITAL LETTERS ONLY

NEET AIR NEET Roll Number Allotted Quota (SQ/MQ/NRI)

CANDIDATE DETAILS

Name of the Applicant
Date of Birth Age (as on) Sex M F Marital Status Single Married
Nationality Blood Group Category GEN SC ST OBC
Permanent Address
.....
City State Pin
Mobile Email

PARENT/GUARDIAN'S DETAILS

Mother's Name Occupation
Father's Name Occupation
Guardian's Name Occupation
Parent/Guardian's Contact Number Email
Permanent Address
.....
City State Pin

PAYMENT DETAILS

Admission Fees + Academic Fees (IQ City Medical College)

Mode of Payment Bank Draft (Payable at Durgapur) RTGS NEFT

SL #	Draft/RTGS/NEFT Number	Bank's Name	Branch	Amount	Date
1					
2					

Hostel Fees + Mess Fees (Mani Facility Management Pvt. Ltd.)

Mode of Payment Bank Draft (Payable at Durgapur) RTGS NEFT

SL #	Draft/RTGS/NEFT Number	Bank's Name	Branch	Amount	Date
1					
2					

You are requested to bring this duly filled in form at the time of admission.

www.medical.iqcity.in



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DETAILS OF HIGHER SECONDARY OR EQUIVALENT EXAMINATION

Name of Board/Council

Month and Year of Passing of the Qualifying Examination

SUBJECT	Physics	Chemistry	Biology	Total (PCB)	English
Full Marks					
Marks Obtained in Percentage					

APPLICANT'S DECLARATION

I wish to apply for admission to the IQ City 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. I have not taken admission in any institute after passing the Higher Secondary or equivalent examination.

I agree to pay the college fees as determined by the Fees Fixation Committee, Government of West Bengal. I affirm that I will follow all the rules and regulations mentioned in the Students' Rule Book and as prescribed by the college authorities from time to time.

Date

Signature

.....
Left thumb impression

PARENT'S/GUARDIAN'S DECLARATION

I am aware of the financial obligations for my child/ward applying to IQ City Medical College, Durgapur, 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 the Students Rule Book and all regulations as prescribed by the college from time to time.

Date

Signature

You are requested to bring this duly filled in form at the time of admission.

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