

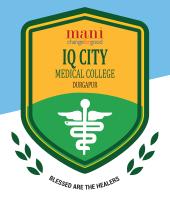
APPLICATION FORM 2024

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 All	R	NEET Roll Number		Allotted Quota (SQ/MQ/NRI)			
CANI	DIDATE DE	TAILS						
Name o	f the Applicant			••••				
		. Age (as on						
Nationa	lity	Blo	od Group	Category	□gen □sc □]sт □овс		
Perman	ent Address							
-			Pin					
Mobile .		Email						
PARE	NT/GUARE	DIAN'S DETA	ILS					
Mother's Name			Occupation					
Father's Name			Occupation					
Guardian's Name Occupation								
Parent/0	Guardian's Conta	ct Number	Er	nail				
Perman	ent Address							
City		State		Pin .				
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	IENT DETA	_						
		+ Academic Fe	-		_			
Мо		☐Bank Draft (Pay) □RTGS	∐NEFT			
SL#	Draft/RTGS/	NEFT Number	Bank's Name	Branch	Amount	Date		
1								
2								
Но	stel Fees + M	less Fees (Mani	Facility Mana	agement Pvt.	Ltd.)			
Мо	de of Payment	☐Bank Draft (Pay	able at Durgapur) DRTGS	□neft			
SL#	Draft/RTGS/	NEFT Number	Bank's Name	Branch	Amount	Date		
1								
2								



APPLICATION FORM 2024

Name of Board/Coun	cil		•••••	•••••						
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. www.medical.iqcity.in										

DETAILS OF HIGHER SECONDARY OR EQUIVALENT EXAMINATION