

K.M.E.VIDYAPEETH MAHARASHTRA

Affiliated to : Karale Medical Education Council of India.

Regd. by Govt. of India, Maharashtra.

Post- Parvati Nagar, At Balaji Nagar, Tah. Dist.- Nagpur- 440 027. (M.S.)

पत्राचार/प्रायव्हेट/नियमित पाठ्यक्रम में प्रवेश के लिये आवेदन फॉर्म
Application Form Admission in Correspondence /Private/Regular Course
(आवेदक के द्वारा लिखा जानेवाला विवरण)

Each Particulars will be filled in by the Candidate neatly and legible Session

सत्र - प्रथम / द्वितीय / तृतीय

1. Name of Candidate (Block Letters) _____
(आवेदक का नाम साफ अक्षरों में) _____
 2. Father/s/Hasband Name _____
(पिता/पति का नाम) _____
 3. Mother's Name _____
(माता का नाम) _____
 4. Date of Birth (जन्मतिथी) _____
 5. Address for Correspondence _____
(पत्राचार के लिये पत्ता) _____
 6. Permanent Address & Phone No. _____
(स्थायी पत्ता एवं फोन नं.) _____
 7. Educational Qualification _____
(शैक्षणिक योग्यता) _____
 8. SC/ST/GEN./OBC (जाति/वर्ग) _____
 9. Hindi/English (प्रश्न पत्रों का माध्यम) _____
 10. Course of Admission _____
 11. Mode of Payment- CASH/DD/for favourable in. Karale Medical Education Council of India (KMEC)
Nagpur : ICICI Bank, Chatrapati, Nagpur. **Account No. : 178701000943 IFSE CODE : ICIC0001787**
कोर्स जिसमें प्रवेश लेना है के समस्त विषयों के नाम
- | | |
|----------|----------|
| 1 _____ | 2 _____ |
| 3 _____ | 4 _____ |
| 5 _____ | 6 _____ |
| 7 _____ | 8 _____ |
| 9 _____ | 10 _____ |
| 11 _____ | 12 _____ |

माध्यम (हिंदी/अंग्रेजी) संस्थागत (Regular) व्यक्तिगत (Private) पत्राचार (Correspondence)

12. I declare that I read carefully/understood well the rules & regulations/ terms & conditions of this Organisations training for course and I am fully satisfied and declare to abide by them, including the changes made therein from time to time. I solemnly affirm & declare that the above facts are correct in the best of my knowledge & belief. Nothing has been concealed thereof.

अभिभावक के हस्ताक्षर
Signature of Parents/Guardian

आवेदक के हस्ताक्षर
Signature of Candidate