

Maharashtra Institute of Allopatent Medicine

Affiliated to Education Council of Allopatent Medicine, India

Regd. by Govt. of India, New Delhi

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

पत्राचार/प्रायव्हेट/नियमित पाठयक्रम 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

- Name of Candidate (Block Letters) _____
(आवेदक का नाम साफ अक्षरों में) - _____
- Father's/Husband Name _____
(पिता/पति का नाम) _____
- Mother's Name _____
(माता का नाम) _____
- Date of Birth (जन्मतिथी) _____
- Address for Correspondence _____
(पत्राचार के लिये पत्ता) _____
- Permanent Address & Phone No. _____
(स्थायी पत्ता एवं फोन नं.) _____
- Education Qualification _____
(शैक्षणिक योग्यता.) _____
- SC/ST/GEN/OBC (जाती/वर्ग) _____
- Hindi/English (प्रश्न पत्रों का माध्यम) _____
- 10 Course of Admission _____
11. Mode of Payment –MO/CASH/DD/for favorable in MIAM, Nagpur27
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 & regulation /terms & conditions of this organizations 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