



Fakhruddin Ali Ahmed Medical College, Barpeta, Assam

Affiliated to Srimanta Sankaradeva University of Health Sciences

Admission Form

Regd. No _____

- Name of Student : _____
- Father's Name : _____ Ph no.

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& email : _____
- Mother's Name : _____ Ph no.

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- Date of Birth

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Date Month Year
- Candidate Quota General, OBC(NCL), OBC (CL), SC, ST(P), ST(H), EWS, PH, Ex Service Man, Char Area, Freedom Fighter, OBC (TGL)

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- Selection Quota

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- Sub Caste

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- Religion

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- Address (Permanent) : _____
P.O. _____ P.S. _____
Dist _____ State _____ Pin Code _____
- Address (Present) : _____
P.O. _____ P.S. _____
Dist _____ State _____ Pin Code _____
- Students' Mobile No.

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- Students' Email ID: _____
- Qualifying Exam :

S.No	Name of Exam	Name of Board/	Maximum marks(PCB)	Marks obtained (PCB)	Maximum marks(English)	Marks obtained (English)	Percentage	
							PCB	English
1	Higher Secondary/10+2							

S.No.	Name of Exam	Roll no.	Rank (State)	Rank (A.I)	Maximum marks	Marks obtained	Percentile
1.	NEET				720		

14. Documents Submitted : Please tick (✓)

S.No.	Name of Documents	Original	Photocopy	Remark
1.	Birth certificate/ 10 th Admit/ Pass certificate (Age proof)			
2.	10 th Mark sheet and Name of the Institute Where Study			
3.	10 +2 Mark sheet and Name of the Institute Where Study			
4.	10 +2 Pass Certificate			
5.	Rank letter issued by NTA			
6.	Allotment letter			
7.	Admit Card issued by NTA			
8.	PRC (for state candidates)			
9.	Caste Certificate			
10.	Other Certificate (please Mention)			
11.	Proof of Identity (Aadhar/Pan/D.L/ Passport) Xerox Copy			

Declaration by Student

- The information given by me in the application form and all enclosures are true to the best of my knowledge. However, should it, be found that any information/enclosures therein are untrue/wrong I am/my ward liable to be disqualified for admission.
- If I am/my ward selected for admission I am/my promise to abide by the rules & regulations of the Institute/University and maintain the discipline in the institute and the hostel.

Date:-

Signature of the Student _____

Place:-

Full Name of the Student _____

