



INDIAN INSTITUTE OF MEDICAL SCIENCES

Rauza Gaon Rudauli Ayodhya College Code-2159

ADMISSION FORM

Course.....Session.....

1 Student's Name : Mr./Miss.....

2 Father's Name : Shri.....

3 Mother's Name : Smt.....

4 Address (Permanent) :.....

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5 Address (Corresponding) :.....

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6 Mobile No. (Student).(Guardian's).....

7 Email ID.....Aadhar No.....

8 Date of Birth.....Gender.....

9 Qualification Details -

S.N.	Qualification	Board	Year	Mark Obt.	Max. Mark	%
1	High School					
2	Intermediate					
3	Other					

10 Mode of Admission.....

11 Date of Admission.....

12 Remark (Office Work).....

Student's sign.

Principal's sign.