



NATIONAL INSTITUTE OF MEDICAL SCIENCE

Registration Form

Fix one &
Attach
three extra
Photographs

Course

Institute Enrolment No.

IMPORTANT INSTRUCTIONS use Blue/Black Pen to fill the Form in Block Letter Only

1. Full Name of the Applicant

2. Nationality

3. Date of Birth

4. Sex

5. Father's Name

6. Mother's Name

7. Complete Address for Correspondence (Do not repeat name)

State with Pin Code

STD Code

Father/Guardian Mobile No.

Self Mobile No.

E-mail ID

Father/Guardian

Self

8. Permanent Address (Do not repeat name)

State

STD Code

Telephone Number

Fax Number

9. Details for Qualifying Examination (Form Xth onwards)

Name of the Qualifying Examination & Year	School / College	University / Board

10. Fee Paid at NIMS Amount D/D No.

Date..... Bank

Specimen Signature of the Candidate

DECLARATION (To be filled and signed by the candidate)

1. That I have carefully understood the rules & regulation of the NIMS & in case of any decision by the Management of College in regard to discipline etc. will be bind on me.
2. That it will be my responsibility to submit all the Registration/Examination forms, or any other form(s) with fees with by the dates specified by the institute of my admission will be cancelled and the institute will not make any individual correspondence in this regard.
3. The above statements are true and correct to the best of my knowledge.

Signature of the Candidate.....

Place.....

INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

1. Attach the attested photocopies of the Academic Qualifications / Certificates with the form attested photocopy Certificate & Marksheet.
2. Overwriting, Cutting, erasing in the form may lead to rejection of the form should be avoided any discrepancies in the statement stand / or submission of incomplete forms will be also lead to rejection of form.
3. Square boxes provided in the forms are only for writing the alphabets in capitals or number. Not more than one alphabet or number should be written in any box.

Paste your recent photograph at the appropriate place on the Application Form. The photograph should be self attested three copies of the photograph with forms. Photographs with coloured glasses will not accepted.

When completed return this form to the Trunk Road, Silchar-788001

Secretary
National Institute of Medical Science