



BGC EDUCATION

Form No. : _____

D-22, Sec-3, Noida -201301, GSTIN: 09ALHPB3138J1Z6
E-MAIL : info.imes@bgc-india.in
www.bgcindia.com

Admission No. : _____

Date of Admission: _____

Admission Form for University: _____

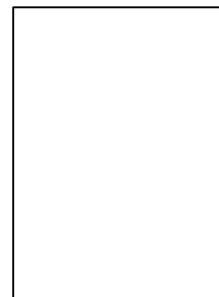
1. Students Name: _____

2. Fathers Name: _____ Qualification: _____

3. Mother's Name: _____ Qualification: _____

4. Date of birth: _____ DOB in Words: _____

Home Address: _____



6. Telephone No. _____ Office/Mobile _____

7. Name of school last attended: _____

LAST EXAM PASSED	NAME OF BOARD	TOTAL MARKS	PERCENTAGE / PERCENTILE	REMARKS

8. Parent's Occupation: _____ Annual Income: _____

9. Caste (Gen/SC/BC/ST): _____

10. Name of the Medical University to which Applied. _____

12. No. of Documents Attached

A) _____

B) _____

C) _____

Signature of Student

Signature of Father/Guardian

FOR OFFICE USE ONLY

Date of Registration: _____

Admission No: _____

University to which Applied: _____

Date: _____