

ZORAM MEDICAL COLLEGE

FALKAWN, MIZORAM

Application form for admission into M.B.B.S. course for the academic Session 2021-22

Affix a recent Passport size colour To, with single colour background The Director. photograph duly signed and self-**Zoram Medical College,** attested Falkawn, Mizoram (DO NOT STAPLE) Through: Academic Section. Dear Sir/Madam, I wish to apply for the First Year MBBS course for the current academic session (2021-22) at Zoram Medical College. The information and documents provided by me in the online application form are true to the best of my knowledge and belief. I understand that if at any stage the information submitted by me is found to be false and incomplete, my allotment is likely to be cancelled and I shall not be allowed to pursue my studies at ZMC any further. Place: Signature of the applicant: Name: Date: NEET Roll No.: Category: For Office use only **Admission Fee** Payment Method: Cheque / Transfer No: Fees paid in full: Yes No **Finance & Accounts Officer Zoram Medical College** Fit Unfit 1. Report of Medical Board: 2. Original Documents details: Not Submitted Submitted 3. Admission allotment No:

Registrar

Zoram Medical College

Academic Officer

Zoram Medical College

Details of MBBS Applicant

1.	Full Name	
2.	Gender	
3.	Email	
4.	Contact No.	
5.	Date of Birth	
6.	Address	
7.	Religion	
8.	Blood Group	
9.	Identification Mark	
10	.Community (ST/SC/OBC/Gen)	
11	.Father's Name	
12	.Mother's Name	
13	Parents Contact Number	
14	.Class 10 Roll Number	
15	.Class 10 Passed year	
16	.Class 10 School	
17	.Class 10 Board	
18	.Class 10 Marks obtain	
19	.Class 10 Full Mark	
20	.Class 10 Mark Percentage	
21	.Class 12 Roll Number	
22	.Class 12 Passed year	
23	.Class 12 School	
24	.Class 12 Board	
25	.Class 12 Marks obtain	
26	.Class 12 Full Mark	
27	.Class 12 Mark Percentage	
28	NEET Roll Number	
29	.NEET Marks obtain	
30	.NEET Full Mark	
31	NEET Percentile	
32	.NEET Rank	