**CAREER INSTITUTE OF MEDICAL SCIENCES & HOSPITAL**

Sitapur – Hardoi Bypass Road, Near I.I.M., Lucknow-13

E-mail ID: [careerdental@careertrust.in](mailto:careerdental@careertrust.in) Website: [www.careerdentalcollegelucknow.com](http://www.careerdentalcollegelucknow.com)

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**ADMISSION FORM FOR MD/MS SESSION– 2020-21**

**NAME OF CANDIDATE: ………………………………………………………………………………………..**

**MOBILE No. : ……………………………………………………………………………………………………….**

**EMAIL ADDRESS: ………………………………………………………………………………………………..**

**FATHER’S NAME: ………………………………………………………………………………………………..**

**MOBILE No. (FATHER): ……………………………………………………………………………………….**

**EMAIL ADDRESS (FATHER):………………………………………………………………………………..**

**CORRESPONDING ADDRESS: ……………………………………………………………………………… ….…………………………………………………………………………………………………………………………**

**CATEGORY : …………………………………………………………………**

**NEET ROLL No.: ……………………………………………………………**

**NEET RANK: …………………………………………………………………**

**ALLOTED COLLEGE: …………………………………………………………………………………………………**

**ALLOTED BRANCH : …………………………………………………………………………………………………**

**ADMISSION TAKEN ON : ………………………………(dd/mm/yyyy)**

**RTGS/NEFT DETAILS : Bank Name, Date and UTR Number**

**a. TO DGME ………………………………………………………………………………………………………………**

**b. TO COLLEGE …………………………………………………………………………………………………………**

1. **VERIFIED THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**
2. **I AM ASSURING YOU THAT THE SAME INFORMATION REGARDING MY DOCUMENTS/ CREDENTIALS HAS BEEN GIVEN TO UPDGME TO COMPLETE MY FURTHER ADMISSION PROCESS.**

**DATE :**

**PLACE :**

**(SIGNATURE OF CANDIDATE)**

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**CHECK LIST OF DOCUMENTATION**

**NAME:……………………………………………………………….DATE…………………………….. FATHER’S NAME: ……………………………………………………………………………………. Roll No/ Reg. No.: ……………………………..**

**The candidate is required to send a copy of all the following documents in pdf format at email-id of the college -** [**careermedical@careertrust.in**](mailto:careermedical@careertrust.in) **to confirm their admission process:-**

1. **Class 10th Certificate and Mark-sheet.**
2. **Class 12th Certificate and Mark-sheet.**
3. **MBBS 1st , 2nd, 3rd and 4th Year Mark-sheets.**
4. **Internship Completion certificate**
5. **Provision Pass Certificate/ Degree**
6. **Medical Council Registration Certificate**
7. **NEET Admit Card**
8. **NEET Allotment Letter**
9. **NEET Score card/ Result**
10. **Adhaar Card**
11. **Cast Certificate**
12. **Migration Certificate and T.C.**
13. **Photograph ( Passport size)**

**Helpline Numbers: 9839570113, 7897603874, 9793870216, 9670018178, 9621133227, 8299073417, 9415782917**