



F/H/ Guardian Occupation

Farmar

Govt. Employee

Worker

Other

Annual Income

Issue Date

Cast certificate No.

Issue Date

Cast Certificate List No.

**Detail of Examination Passed :-**

S.N.	Name Of Exam	Board/University	Roll Number	Passing Year	Date of Exam	Total/Obtain Marks	% in Exam
1.	10th						
2.	12th						
3.	Graduation/ Post Graduation						
4.	12th (PCB)%						

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Bank Acc. No. \_\_\_\_\_

ISFC Code

Scholarship ID  Password  SCH. EKYC

**Documents Submitted with application :-**

- |   |   |
|---|---|
| <input type="checkbox"/> Mark Sheet 10th          | <input type="checkbox"/> T.C. Original                          |
| <input type="checkbox"/> Mark Sheet 12th          | <input type="checkbox"/> Migration Original                     |
| <input type="checkbox"/> Residential Certificate  | <input type="checkbox"/> Passport size 5 color photo with Aprin |
| <input type="checkbox"/> Cast Certificate digital | <input type="checkbox"/> Bank passbook                          |
| <input type="checkbox"/> Income Certificate New   | <input type="checkbox"/> Bank cheque / ATM                      |
| <input type="checkbox"/> Aadhar Card              | <input type="checkbox"/> Gap Certificate                        |
| <input type="checkbox"/> Samagra ID               | <input type="checkbox"/> Stamp Agreement                        |

**Why you want to Persue Medical education :-**

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Father/Husband's sign.

Student's Sign.