



INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES SHEIKHPURA, PATNA-14.

Admission to Bachelor of Physiotherapy, B. Sc Nursing, GNM and Allied Health Science Courses, i.e., other Degree & Diploma courses for the Academic Year 2021-22- on the basis of NEET UG-2021.

The Application Form should be filled up by Ball Pen in Blue/ Block Letters only.

1. Name of the Candidate:
2. NEET- UG Roll No (2021)..... (copy enclose).
3. Total Marks Obtained (NEET-UG-2021) (Words/Figure).....
4. Total percentage Score obtained (NEET-UG-2021) (Words/Figure).....
(Copy enclose).
5. Father's Name:
6. Occupation: Govt. / Private/ Autonomous /any other
7. Mother's Name:
8. Occupation: Govt. / Private/ Autonomous /any other
9. Husband's Name:
10. Sex: Male/Female:
11. Marital Status :(Married / Unmarried)
12. Date of Birth:

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D D M M Y Y Y Y
13. Presently doing any Course / Employed
14. Date of Birth in words:.....
15. Age as on
16. Nationality State.....
17. Category: Category: UR/EWS/BC/EBC/SC/ST
18. Details of Demand Draft – (Rs. 1000/- UR/ EWS/ BC/ EBC) (Rs.500/- SC/ST)
DD No:-.....Date:-.....
Bank Name:-.....Amount:-.....
19. Correspondence Address:-.....
.....
.....PIN No.....
20. Permanent Address: -
.....
.....PIN No.....

**Affix self attested
passport size
photograph with
name & date as
pasted in NEET
UG-2021**

Note:-

1. Candidate's particulars have been indicated as mentioned by her/ him in the application form, which is subject to verification by the admitting authorities.
 2. Candidate, if found submitting wrong information or tampering his/her Score card at any stage, will be considered as using unfair practices. Institute will cancel the candidature and take legal action as per applicable laws. .
 3. IGIMS, Patna after received applications from the successful candidates will prepare its own merit list as per Institute rule.
 4. All candidates are advised to remain in touch with the Institute website: www.igims.org. for updates.
 5. **Contact Number (Tel./Mob.)**..... **Addhar No**.....
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DECLARATION:-

I declare that the above information filled by me is correct and complete to the best of my knowledge and belief and nothing has been concealed /distorted. If at any time, I am found to have concealed/distorted any material/information, my admission shall be cancelled.

Write the above (Declaration) sentence in own writing:

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(Full Name & Signature of Parent/ Guardian)

(Full Signature of Candidate)

Place :

Date: