

Pin

Mobile :

STD Code

Telephone No. (If any)

e-mail address (if any)

17. Details of Academic records (From 10th standard onwards)

| Sl. No. | Name of the Qualifying Examination | Year | Name of the Institution | University / Board | Subject | Div. / Percentage |
|---------|------------------------------------|------|-------------------------|--------------------|---------|-------------------|
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18. If the result of CBSE/ ICSE/ CHSE/ State Board examination / Degree / Equivalent examination is not declared, the following undertaking is to be given.

I undertake that I have appeared in CBSE/ ICSE/ CHSE/ State Board examination/ Degree/ Equivalent examination 2010 in Science stream and will submit the mark sheet within 15 days of publication of the result.

19. Do you need accommodation in College Hostel ?

Yes

No

Full Signature of applicant

20.

DECLARATION BY THE APPLICANT

I wish to apply for admission to the Neelachal Institute of Medical Science, Bhubaneswar and declare that, to the best of my knowledge and belief, the above particulars, given by me, are true. I agree that registration of this application does not confer any right on me in respect of selection for admission, which is solely left to the discretion of the college.

Place :

Date :

Full Signature of the Applicant

21.

DECLARATION BY PARENTS/GUARDIAN

I hereby declare that I am aware of this application made by my child/ward and of the financial obligations of applying to and studying under this self financing programme. I can afford and undertake to pay the tuition and other fees payable to the institution under its rules. Further, I also affirm and endorse the declaration made above by my child/ward and aware of the conditions applicable for admission.

Place :

Date :

Full Signature of Parent/Guardian