4 PHOTOS
1COPY OF INTERMEDIATE
1 Rank Card

Registration No:
To be alloted by
KNR UHS

KNR UNIVERSITY OF HEALTH SCIENCES:: T.S.:: WARANGAL

FORM OF APPLICATION FOR REGISTRATION

(To be sent to the University through the Principal within a month from the date of admission)
(Please read carefully the instructions overleaf before filling the application form)

1.Course : MBBS

Year of Admission:

2	0	20	-	2	1

2.College : Government Medical College ,Nizamabad.

3.Name of the Candidate

(In Block letters as in the Certificate of qualifying Exam) * Intermediate Certificate.

4. Name of Father/Husband:

Present Address :

House No.	
Street	
Village/Town/City	
Mandal/District	
Pin Code;	
Tele.No.(with STD Code)	

5.Date of Birth as in SSC or equivalent certificate :

Date		Month		year	

6. a) Category :

Caste:

Sub Caste:

b) Special Category under which:

NCC	Sports & Games	P.H.C.	C.A.P.	N.A.

admitted (mark(V) tick in appropriate column)....

7. NEET Marks: NEET Rank: NEET Hall Ticket No:

Intermediate Marks:

SIGNATURE OF THE PRINCIPAL
WITH COLLGE SEAL

SIGNATURE OF THE CANDIDATE

To be filled in by University:

Registration No.

Jr.Asst Sr.Asst. superintendent Asst.Registrar Deputy registrar Registrar