

**Institute of Postgraduate Medical Education & Research (IPGME&R), Kolkata,**  
**STUDENT INFORMATION FORM**  
**For enrolment for online fee payment**

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For office use only  
Class Roll No.

**Information related to student**

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**Full Name** (in BLOCK LETTERS): \_\_\_\_\_

**Course:** \_\_\_\_\_ **Academic year:** \_\_\_\_\_

**NEET Roll Number:** \_\_\_\_\_ **All-India rank:** \_\_\_\_\_

**Admission category:**     All-India  State |  SC  ST  OBC  PWD  EWS

**Date of birth** (dd/mm/yyyy): \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Own Mobile No:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**AADHAAR No:** \_\_\_\_\_

**Student bank account details**

(required for verification and purpose of refund, if any)

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**Name of A/c Holder** (in BLOCK LETTERS): \_\_\_\_\_

**A/c Number:** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**Bank IFSC:** \_\_\_\_\_

**SB Collect Ref. No.:** \_\_\_\_\_  
(for payment at admission time)

**Information related to parent / legal guardian**

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**Name in full** (in BLOCK LETTERS): \_\_\_\_\_

**Relationship to student** (e.g. father/mother): \_\_\_\_\_

**Permanent address with Pin code:** \_\_\_\_\_

**Mobile No. of parent / legal guardian:** \_\_\_\_\_

**E-mail of parent / legal guardian:** \_\_\_\_\_

**Declaration**

I do solemnly affirm that the above information provided by me is correct to the best of my knowledge and that I will abide by the rules and regulations of the institute.

**Date and Place**

**Signature of student**