



Government of West Bengal
Institute of Post Graduate Medical Education & Research
244 Acharya J. C. Bose Road, Kolkata – 700020



Application for joining medical course

The
Director / Dean of Student Affairs
IPGME&R Kolkata

Date: _____

Paste recent color
 passport size
 photograph here

Dear Sir,

With due regards, this is to inform you that I _____
 am reporting for joining the _____ course, under the West Bengal
 University of Health Sciences (WBUHS), in your institute on _____ (date). My academic session will be
 _____. The necessary admission formalities have been completed. I may kindly be allowed to join the said course.

Yours sincerely

Student's signature (to be same as specimen signature)

Forwarded by

Allowed to join from _____

Head / Teacher-in-charge

Director / Dean of Student Affairs
IPGME&R, Kolkata

Department _____

Details

Name (in BLOCK LETTERS) _____

Gender M F **Date of birth** _____

Qualifying examination:

NEET-UG NEET-PG NEET-SS **Roll No.** _____ **Rank** _____ **Score** _____

Admission category (Tick all applicable) All-India quota State quota Round 1 Round 2 Mop-up

Admission date _____ Unreserved SC ST OBC-A OBC-B PWD EWS

Non-service WB Govt. Service Other Govt. service _____

Medical Council Reg No. _____ **Name of Council** _____

PAN No. _____ **AADHAAR No** _____

Permanent address: _____

Pin Code: _____

Local address (if any): _____

Pin Code: _____

E-mail: _____ **Mobile 1** _____ **Mobile 2** _____

Alternative contact for emergency communication (Name / Relation / Mobile)

Please fill-up this application in duplicate. Paste one and staple one recent stamp size color photo to office copy for ID purpose.