GITAM
(Deemed to be University)
VISAKHAPATNAM-530 045, (A.P)

Regd. No.

MBBS
Examination Application Form

Recent passport size photograph

1. Name in full with surname as per SSC or equivalent (in capital letters)

2. Gender : Male Female

3. Date of Birth & Age :

4. Year of Examination applied (I / II / III P-I / III P-II Years) :

5. Month & Year of the Examination :

6. Regular / Supplementary :

7. Father's Name :

   Mother's Name :

8. Address for correspondence :

   Door No:

   Street/Locality:

   Village/Town/City:

   PIN:

   Contact No: Mobile_____Landline with STD_____

   Email:

9. Subjects Appearing for:

Subject Code	Title of the subject

Subject Code	Title of the subject

Place:
Date: **Signature of the Candidate**

(For Office Use only)

- Recommended for the issue of Hall Ticket subject to the candidate fulfilling all eligibility criteria.
- Not recommended because _____

Signature of the Principal/Director