

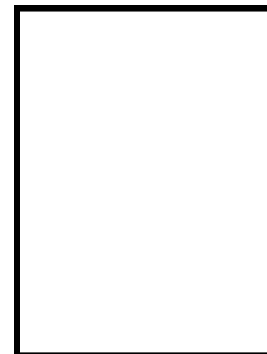
ALL INDIA INSTITUTE OF MEDICAL EDUCATION SCIENCES

DISTRICT - CHHINDWARA



ADMISSION FORM

2025 - 2026



COURSE - COMMUNITY MEDICAL SERVICES & SERGURY

Please read carefully & fill the application form in CAPATIAL letters

Gender: ☐ Male ☐ Female ☐ Other

Date :

Full Name:

Father's Name:

Mother's Name:

Correspondence Address :

Permanent Address :

Date of Birth:

Mob: Pincode: Nationality:

Category: ☐ General ☐ OBC ☐ SC ☐ ST ☐ EWS

Aadhar Number:

Samagra ID:

BANKING DETAILS:

Bank Name: _____ A/c Holder Name: _____

A/C No : _____ IFSC Code: _____

ACADMIC DETAILS:

EXAMINATION	BOARD / UNIVERSITY	YEAR OF PASSING	PERCENTAGE GRADE
10th			
12th			

DOCUMENTS LIST:

Date: _____

- ☐ 10th Marksheet & Certificate
- ☐ 12th Marksheet & Certificate
- ☐ Adhhar Card
- ☐ Samagra ID
- ☐ Bank Passbook
- ☐ Income Certificate
- ☐ Caste Certificate
- ☐ Domicile Certificate
- ☐ Passport Size
Photographs (2 Nos.)

Declaration:

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that any false information may lead to cancellation of my admission.

Place _____

Student,s Signature t

Guardian Signature

NOTE:

- Incomplete forms will not be considered.
- Ensure all documents are self-attested before submission.
- Admission is subject to verification and approval by the institute.
- If you cancel the admission for any reason, the fee will not be refunded