



**AMRITA  
VISHWA VIDYAPEETHAM**

**UNIVERSITY**  
Established u/s - 3 of UGC Act 1956

**AMRITA SCHOOL OF MEDICINE**  
**AIMS Ponekkara (PO), Kochi, Kerala, Pin – 682 041. Phone: 0484 – 285 8131**

## **APPLICATION FORM**

### **For Admission to PG – Entrance Coaching Programme for the year 2010**

(Please fill the form in BLOCK LETTERS)

1. Name :.....
2. Address for Communication :.....  
.....  
.....  
.....
3. Phone (Residence & Mobile) :.....
4. Email ID :.....
5. Age:..... .. Date of Birth:..... Gender :.....
6. Year of Passing MBBS :.....
7. College where Studied :.....
8. Name of the Medical council with whom registered :.....  
Registration No..... Date:.....
9. Experience details (if any)

Paste one recent  
passport size  
photograph.  
Do not pin or  
staple.

Sl.No.	Institution	Experience	
		From	To

**In case of down loaded application only:**

DD.No:  
Date:  
Name of Bank:  
Branch:

**Also please write your name on the reverse of the DD**

*Fees once paid will be refunded under any circumstances.*

**Declaration**

I ..... do hereby declare that the particulars furnished above are complete and true and I shall abide by the rules and regulations of the institute.

Place:  
Date:

Signature:

Name :

**Enclosures:**

- Two passport size Photographs.
- MBBS Degree Certificate or Provisional Certificate
- MBBS Registration Certificate

**For Office use only**

Details of Fee remitted :  
Amount :  
Date of Payment :  
ID card No :  
Roll No :