

8. Contact No. with STD Code		Student's Contact		Guardian's Contact	
9. Email ID					
10. Qualification		Name of the School/ College and Board/ University			
11. Marks obtained in:					
PCB (10+2)		English (10+2)		Entrance	
Marks obtained	Maximum Marks	Marks obtained	Maximum Marks	Marks obtained	Maximum Marks

(Signature of the Candidate)

DECLARATION

I hereby solemnly and sincerely affirm that the statements made and information given by me in the application form is true and correct.

I agree to abide by the Rules, Regulations and Procedures of this Institute.

I agree to submit all the required original certificates at the time of my selection during admission process as per the rules, failing which my claim for selection shall not be granted.

I have not concealed any material information. However, if any information submitted herein is fraudulent, incorrect or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my seat in ESIC Medical College, Joka. I understand that the selection and admission to the course is also liable to be cancelled.

Date :

(Signature of the Candidate)

Place :