

# GMERS MEDICAL COLLEGE, GANDHINAGAR

ADMISSION YEAR:

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Unique I.D.NO.

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An Application For The Issue Of Identity Card FOR U.G. STUDENTS only.  
PLEASE READ FOLLOWING INSTRUCTIONS BEFORE FILLING OF THIS FORMS:-

1. WRITE ALL WORDS ONLY IN CAPITAL BLOCK LETTERS.
3. LEAVE ONE BLANK BOX AFTER EACH WORDS.
4. LETTERS SHOULD BE CLEAN & READABLE HANDWRITING.
5. IN ANY CASE OF MISS PRINT ON "I-CARD", COLLEGE OFFICE WILL BE NOT RESPONSIBLE IF HANDWRITING IS NOT CLEARED OR READABLE.

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AFFIX HERE  
YOUR CURRENT  
COLOURED  
PASSPORT-SIZE  
PHOTOGRAPH

FULL NAME OF CANDIDATE (BEGIN WITH SURNAME FIRST):

Mr./Mrs.: \_\_\_\_\_

2. DATE OF BIRTH:

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3. DATE OF ADMISSION:  
IN GMERS Gandhinagar

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4. BLOOD GROUP WITH RH FACTOR: \_\_\_\_\_ Positive/Negative

FULL RESIDENTIAL ADDRESS: (WITH CITY, DIST., STATE & PINCODE NO.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL ID: \_\_\_\_\_

CONTACT NUMBERS IN CASE OF EMERGENCY: (WITH CITY CODE NO.) \_\_\_\_\_

Residence Contact Number (With City Code No): \_\_\_\_\_

Father/ Mother's Contact Number: \_\_\_\_\_

DATE:

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Signature of Student in  
Middle of Box.

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