



APPLICATION FORM

For Admission to International MBBS Program - Batch 2018 - 19

For any questions or clarifications please write to us at info@saraswationline.com or call us toll free 1800 425 425 66 10am to 6pm (Mon-Sat)

All fields are mandatory. Please do not leave any fields blank.

Personal Details

SURNAME _____ GIVEN NAME _____
(Name as per passport)

FATHER'S NAME _____

DATE OF BIRTH DD / MM / YYYY MALE FEMALE CATEGORY - SC/ST OBC GENERAL

MARITAL STATUS _____ NATIONALITY _____

ADDRESS _____

CITY _____

PIN CODE _____ STATE _____ COUNTRY _____

TELE PHONE (Res.) _____ Mobile _____ Email _____



Valid Passport Details

PASSPORT NO _____ PLACE OF ISSUE _____ DATE OF ISSUE _____ DATE OF EXPIRY _____

Education Details (10+2) Mandatory for application processing.

NAME OF THE INSTITUTION _____

HEAD OF THE INSTITUTION _____ ADDRESS _____
(Current)

CITY _____ PIN _____ TELE PHONE _____

NAME OF THE BOARD _____ YEAR OF PASSING _____

SUBJECTS	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE
PHYSICS			
CHEMISTRY			
BIOLOGY			
TOTAL PCB			
ENGLISH			

Applied for NEET 2018? YES NO

Qualified in NEET 2018? YES NO

NEET 2018 Percentile Score _____

College/University to which admission is sought in order of preference, please mention.

1. _____ 2. _____ 3. _____

Payment Details

DATE	MODE OF PAYMENT	CHEQUE No. / DD No.	AMOUNT (INR)

*Payment by way of Cheque/DD/Bank Transfer only. Cash deposits not acceptable. *PSL will be issued only on receipt of payment of Rs 50,000/-

Applying for education loan ? YES NO

Signature of the Applicant _____ Place _____ Date _____

Name of the Counselor _____ Signature of the Counselor _____

Where did you hear about us? Newspaper Search Engine Social Media SMS Email From a friend TV Radio Other _____