



**PUSHPAGIRI INSTITUTE OF MEDICAL SCIENCES &
RESEARCH CENTRE, TIRUVALLA – 689 101**

BIO-DATA

MD/MS/DIPLOMA - DEPARTMENT:.....
(TO BE FILLED IN BLOCK LETTERS)

Date of Admission:.....

Mgt./Govt/NRI

1. Name of the student

Expansion of Initial (if any)

2. Sex M F 2. a) Blood Group

3. Date of birth (in figures) Date Month Year

(in words)

4. Place of Birth

5. Religion 5. a) Caste

6. Nationality

7. a) Name of Father 7. b) Occupation

8. a) Name of Mother 8. b) Occupation

9. a) Name of Guardian 9. b) Occupation

10. Medically qualified relative if any: 1) _____ 2) _____

11. Family status:
(Brother/Sister)

Name	Age	Sex	Education

12.

Permanent Address	Address for Communication
Pin Code:	Pin Code:
Tel. No. with S.T.D. code: & Mob. No.	Tel. No. with S.T.D. code: & Mob. No.
E-mail ID:	E-mail ID:
E-mail ID of Father/Mother/Guardian:	

13. Local Guardian if any:

Name
Address
Tel.No. with S.T.D. Code/Mobile No:

14. Panchayat/Municipality/

15. College studies for MBBS:

16. Date of starting and Completion of CRRI

17. T. C. No. & Date of issue

18. Marks secured for MBBS **I.**

I MBBS	Maximum Mark	Secured Mark	% of Mark
Biochemistry			
Anatomy			
Physiology			
Total Marks for I MBBS			

II.

II MBBS	Maximum Mark	Secured Mark	% of Mark
Pathology			
Microbiology			
Pharmacology			
Forensic Medicine			
Total Marks for II MBBS			

III.

III MBBS Part I	Maximum Mark	Secured Mark	% of Mark
Ophthalmology			
Oto-Rhino-Laryngology			
Community Medicine			
Total Marks for III MBBS Part I			

IV.

III MBBS Part II	Maximum Mark	Secured Mark	% of Mark
General Medicine			
General Surgery			
Obstetrics & Gynaecology			
Paediatrics			
Total Marks for III MBBS Part II			

19. NEET PG rank:

20. Extra-curricular activities:

1. Participated in

District

State

National

a.

21. Hobbies

a.

b.

c.

Signature of Parent/Guardian

Signature of the Candidate