

Enrollment No.....

Admission Test Form Roll No.....



DOCTOR'S ZONE
I N S T I T U T E
For Medical Entrance Exams.

Photo
of
Candidate

To,
The Chairman
Doctor's Zone Institute
Saktigarh Road No. 10
Siliguri.

ADMISSION FORM

Name of Course

Respected Sir,

I want to take Admission in Doctor's Zone Institute. I have read the "Terms & Conditions" of the Institute mentioned in the prospectus and given overleaf. I agree to abide by the same. My particulars are given below:

(Please fill the form in CAPITAL LETTERS)

First Name Last Name

Father's/Guardian's Name

Mother's Name

Occupation of Father
(please mention in detail)

Date of Birth Gender M F Blood Group Category
(Please Tick ✓ the relevant box) (GEN/ SC / ST / OBC/ PH)

Residence Address
(Permanent Address)

City State Pincode

Phone
(STD Code) (Number) (Any Other) (STD Code) (Number)

Mobile Email

Address for Correspondence
(Please ignore if same as Residence Address)

City State Pincode

Phone Fax
(STD Code) (Number) (Any Other) (STD Code) (Number)

School / College Name & Address

Marks Obtained % (XII/CSE Board, Sc. & Maths - Aggregate) % (XII/CSE Board, PCB - Aggregate) CBSE ISC WB (H.S.+2) Any other
(Please attach a Photocopy of the Marksheet) (Please Tick ✓ the relevant box)



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of
Candidate

Application Form No.

Examination Date

Venue

ADMISSION FORM

Name of Student