



UTTARANCHAL (P.G.) COLLEGE OF BIO-MEDICAL SCIENCES & HOSPITAL

(Formerly UCTBMS)

(Affiliated to H.N.B. Garhwal Central University)

(Approved by Min. of Health & Family Welfare Govt. of U.K. & I. A. P.)

13th year of
excellence

Registration Form

Course Applied for : _____

Name of Student : _____

Father's/ Mother's Name: _____

Date of Birth: _____

Sex: Male Female

Category: Gen OBC SC ST

Affix colored
passport size
photograph here

EDUCATIONAL DETAILS

Class	Board/ Univ.	Year	Subject	Div.	%age
10th					
12th					
Graduation					
Others					

Hostel Yes No

Category of Hostel Room 1 Seater 2 Seater 3 Seater 4 Seater

Postal Address: _____

Distt: _____ State: _____

Mobile No.: _____ E-mail ID: _____

Date: _____ Place: _____ Applicant Signature: _____ Guardian's Contact No.: _____

Office use only

Registration Fee- Paid by Cash, Bank Transfer or D.D. No.....

Vide Receipt No.....Dt.....