

1. Full Name in English (In Capital Letter)

2. Nationality _____

3. Indicate Programme(s) that you want to apply for: MBBS _____ _____

4. Marital Status Married Unmarried

5. Sex Male Female

6. Date of Birth

7. Age Place of Birth

8. Full Address:

Mailing Name : _____ Address : _____ _____ City : _____ District : _____ State : _____ Country : _____ Telephone : _____ Mobile No. : _____ Fax No. : _____ E-mail : _____	Permanent (if different from mailing address) Name : _____ Address : _____ _____ City : _____ District : _____ State : _____ Country : _____ Telephone : _____ Mobile No. : _____ Fax No. : _____ E-mail : _____
---	---

9. Father's Name : _____

10. Profession of Father : _____

11. Qualification of Father : _____

12. Contact :

Tel.: _____ Mobile No.: _____

Fax No.: _____ E-mail: _____

13. Name of Guardian _____

14. Relationship with guardain _____

15. If there is local guardian : _____

a) Name : _____

b) Address : _____

c) Telephone : _____ Mobile No. : _____

16. Mother's Name : _____

17. Annual Family Income : _____

18. Present Education Status : _____

19. Year and batch of enrolment with GMC : _____

20. Academic details

Level	School/College/University	Marks obtained	Percentage (%)

21. Subject and marks obtained in 10+2 or equivalent exam :

Subjects	Marks obtained	Percentage (%)
Biology		
Chemistry		
Physics		
English		

Examination Passed	Year & Month of Passing Exam	Division if any, with total percentage of marks	No of attempts	Roll NO. at the exam
Matriculation/SLC/Higher Secondary/Jr. or Sr. Cambridge/Pre-University				
Intermediate 10+2 system or equivalent examination of Higher Secondary Council (Specify)				

22. Roll No. in the TU-IOM/MOE Entrance Exam Pass list (for Nepalese Students)

Roll No.	Year.



23 RULES & REGULATIONS

- a) The payment towards tuition fees as per the agreed schedule and approved by the Board of Directors from time to time shall be collected from the applicants on due dates. Delayed payment will be charged an interest as decided by management. Management can take action against delayed payment of fees, such as debarring from the class/exams of the student. The rate of interest charged for delayed payment can also be increased for undue delay. If the delay is persistent, then the Board of Directors has absolute discretion to terminate the admission of the student.
- b) Enquiries and communication shall be entertained only by the college office once the admission is completed.
- c) The tuition fees paid by the applicant is non-refundable.
- d) The student for the opted Program will have to satisfy the eligibility criteria stipulated by the College, University and the Medical Council.
- e) The student will have to strictly abide by code of conduct of the Institute and shall be subject to disciplinary proceedings for any violations.
- f) The Board of the Gandaki Medical College, reserves the exclusive right to accept or reject admissions of applicant at their discretion.
- g) Admission will be strictly on merit and payment of fees. If the fee is not deposited in time, admission will not be confirmed and seat will be released to other students.

DECLARATION OF THE CANDIDATE :

I hereby declare that the application form has been filled in my own handwriting and that the above information given by me are correct. I shall abide by the rules and regulations of the Institute and also by the orders given by the Institute authorities with regard to my conduct, discipline and studies.

Signature of the Student _____
 Place _____
 Date _____

Signature of the Guardian _____
 Place _____
 Date _____

For Office Use Only

The Students is booked / admitted/not admitted for the MBBS _____ programme
 For the Batch _____
 Commencing from the year _____
 Date of admission

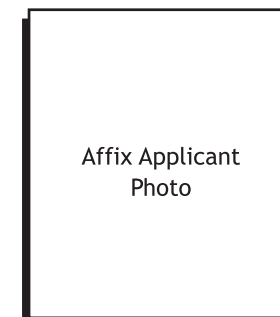
CHIEF ADMINISTRATIVE OFFICER
Gandaki Medical College
 (Teaching Hospital & Research Centre Pvt. Ltd.)

Course.....
 Batch.....
 Year or Admission.....

Application No.:

Gandaki Medical College
 (Teaching Hospital & Research Centre Pvt. Ltd.)
(Affiliated to Tribhuvan University)

**APPLICATION FORM
 FOR ADMISSION OF
 MBBS**



Full Name (in capital letters)

