

INSTITUTE OF GENETIC MEDICINE AND GENOMIC SCIENCE
(Affiliated to the West Bengal University of Health Sciences)
Badu, Kolkata-700128

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Application form for Admission to
M.Sc
Session-20.....20.....

1. Name of the Applicant :
(In Block Letter)
2. Full Address :
(In Block Letter)
:
.....PIN.....
3. Telephone Number(s) :
4. Father's Name :
5. Mother's Name :
6. Date of Birth :7. Nationality.....
8. Educational Qualification (Relevant qualification which makes you eligible for this program)

Examination Passed/ Appeared	University	Year of Passing/Appeared	Subjects	% of Total Marks	Division/ Class

I hereby declare that the information given by me is true to the best of my knowledge

A DD/PO for Rs.1,000/-(Rupees one thousand only) in favour of “ The West Bengal University of Health Sciences” is enclosed herewith.

Date.....Place.....

Applicant's full Signature

Received an Application from.....for admission to
M.Sc in 20.....-..... Academic Session

Date.....

.....

Receiving Assistant