

# Madhubani Medical College & Hospital

Online Admission Application Form

Application Date: 13-01-2026 10:35

## Personal Information

Name: aman kumar

Father's Name: kamlesh kumar

Mother's Name: nahimat devi

Gender: Male

Date of Birth: 13-06-2005

Aadhar Number: 854726563298

Mobile: 9608664035

Email: pk6754448@gmail.com

## Address Information

State: Bihar

City: madhubani

Address: Salempur, 847234, Madhubani, Bihar, India

## Course Information

Course Category: MBBS

Course Name: BDS (Bachelor of Dental Surgery)

## Academic Year Details

10th: Year=2019, Stream=science,social,math,english, hindi, Board=bseb, Result=347

12th: Year=2021, Stream=science, Board=bseb, Result=452

Other: Year=, Stream=, Board=, Result=

## Attached Documents

Student Photo: Not provided

10th Marksheet: Not provided

12th Marksheet: Not provided

ID Proof: Not provided

This is a system-generated document.

Madhubani Medical College & Hospital | Contact: 06276-296222