




CONFIRMATION SHEET - AMRITA MEDICAL ADMISSIONS  
MBBS/BDS - 2014

<div>248917</div> <div></div> <div>* 2 4 8 9 1 7 *</div> <div>Merit and Management</div>		<div></div>		<p>You have successfully submitted the application Online. Kindly take the printout of this and Send this form along with Demand Draft (if fee paid by DD) or Amrita Office Copy of Cash Voucher (if fee paid by Cash Voucher). Cut bottom half of this page (Address Slip) and paste on envelope and mail along with the relevant documents by Registered Post / Speed Post / Courier to reach latest by 25-April-2014</p>			
Name:		ILA SHARMA					
Father's/Spouse's Name:		Shekhar Sharma					
Mother's Name:		Meenakshi Sharma					
Date of Birth:		15-12-1994		Gender:		Female	
Social Status:		UR		Nationality:		Indian	
Address:		A-34/18 Mahananda Nagar Ujjain, Madhya Pradesh 456010					
Mobile:		9003126192		Exam Centre:		CHENNAI	
E-mail:		mukundsharma@outlook.com					
Father's Occupation :		Medical					
Mother's Occupation :		Teaching / Research					
Annual Income :		Father		Mother			
		5,00001 - 10,00000		upto 1,00000			
Basic Qualification:		12th					
Board / University:		CBSE					
School / College Name:		Kendriya Vidyalaya Ujjain					
Month/Year Of passing:		2012					
Declaration							
<p>I hereby declare that all particulars stated by me in this application are true and correct. If any information furnished by me is found to be false or distorted or if any information found to be suppressed to secure admission, I understand that, I will be denied admission and if already admitted, my admission / degree acquired is liable to be cancelled without any claim or consideration. I have read the Terms &amp; Conditions before filling the application form. I promise to abide by the rules and norms of discipline of the university, if I am admitted.</p>							
Signature of the Candidate			Signature of the Parent / Guardian				
Details of Transaction							
Mode of Payment:		Online		Bank Ref No:		201404010150250	
Transaction Number:		100225132		Amount:		1500	
		01-April-2014					

CUT HERE AND PASTE THE BOTTOM HALF ON ENVELOPE

Address Slip	
Amrita Medical Admissions	BY REGISTERED POST/SPEED POST / COURIER ONLY
<div></div> <div>* 2 4 8 9 1 7 *</div>	Application No: 248917
From,  Ila Sharma A-34/18  Mahananda Nagar  Ujjain Madhya Pradesh - 456010	To,  The Admission Co-Ordinator Amrita School of Medicine AIMS Ponekkara (P O) Kochi, Kerala - 682 041 Ph #: 0484 285 8373/8374/8375

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