

Dr M K Shah Medical College & Research Center, Ahmedabad-382424

Application for the issue of identity card for U.G. Students.

For office use only

Admission Year	
Roll No.	
Batch No.	
Unique ID No.	

(To be filled up by student)

1. FULL NAME OF CANDIDATE

.....
Surname

First Name

Middle name

AFFIX HERE
YOUR
CURRENT
COLOUR
PASSPORT-SIZE
PHOTOGRAPH
(DO NOT
STAPLE)

**2. DATE OF BIRTH:
(DD/MM/YYYY)**

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3. DATE OF ADMISSION:
(In Dr M. K. Shah Medical
College & Research Center,
Ahmedabad) (DD/MM/YYYY)

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4. BLOOD GROUP Positive/Negative

5. IDENTIFICATION MARK

6. FULL RESIDENTIAL ADDRESS: (WITH CITY, DIST., STATE & PINCODE NO.)

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7. HOSTEL ROOM NO.: IF YOU ARE STAYING IN HOSTEL

8. CONTACT NOS. (WITH CITY CODE NO.)

a. Personal Mobile No: (If any)

b. Residence Contact No (With City Code No):.....

c. Local Guardians Contact No:.....

DATE:

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Signature of Student in
Middle of Box.