

RAYAGADA INSTITUTE OF MEDICAL SCIENCE
RAYAGADA



PERSONAL DETAILS

Academic Year: **2026-27** Course Applied **GNM**

Full Name of Student:

Full Name of Father:

Full Name of Mother:

Date of Birth:

Category:

Gender:

Nationality:

Religion:

Mother Tongue:

Marital Status:

Contact no. (Mob):

Aadhar No:

E-Mail Id:

Blood Group:

Name of Guardian:

Occupation of Guardian:

Relationship with Candidate:

Admission Type: Hosteller Day-Scholar , Transport (Day scholar): Yes No

ADDRESS DETAILS:

(Present / Correspondence Address)(Permanent Address)

Name:

Name:

C/o:

C/o:

AT:

AT:

PO:

PO:

Dist.:

Dist.:

Pin:

Pin:

RAYAGADA INSTITUTE OF MEDICAL SCIENCE
RAYAGADA

ACADEMIC DETAILS

10TH	
Name of Board	
Year of Passing	
Full Mark W.E.O	
Mark Secured W.E.O	
% of Mark Secured W.E.O	

+2 Science/Arts/com.	
Name of COLLEGE	
Name of Board	
Year of Passing	
Mark Secured & (%)	
CLC No	
CLC Date	
Year of Passing	

SUBJECTS

Subject	Total Mark	Secured Mark	% of Mark Obtained
Physics			
Chemistry			
Biology			
Total			

For Office Use Only

Documents Verification : (Tick whichever is verified)

- | | | | |
|--|--------------------------|---|--------------------------|
| i. Matriculation Certificate (Xerox) | <input type="checkbox"/> | vi. Adhaar Card (Xerox) | <input type="checkbox"/> |
| ii. CLC in Original | <input type="checkbox"/> | vii. Bank Passbook Fr.Page (Xerox) | <input type="checkbox"/> |
| iii. Conduct in Original | <input type="checkbox"/> | viii. Residential Certificate (Xerox) | <input type="checkbox"/> |
| iv. Migration in Original | <input type="checkbox"/> | ix. Caste Certificate (Xerox) | <input type="checkbox"/> |
| v. Photograph (Passport Size) 4 N | <input type="checkbox"/> | x. Income Certificate (Xerox) | <input type="checkbox"/> |

Signature of Parent / Guardian

Signature of the student

Signature of the Principal