



"A Centre dedicated to excellence in medical education"

IAMS

INSTITUTE OF ADVANCED MEDICAL STUDIES

STUDENT COUNSELLING & CONSULTING

7, Wing-B, LSC Cum Office, Munirika Phase-II, N.D.-67. Ph: 011-26177400, 26177500, 26177600
B-1/5, Sector-C, Aliganj, Near Jingle School, Lucknow-226024 Ph: 0522-6527552, 9935860006, 9935374754

Registration Form

MUMBAI HYDERABAD LUCKNOW AHMDABAD

Enrollment No..... Date.....

Course Opted for

Regular Elite Crash Postal V-con (Tick which ever is appropriate)

First Name:

Dr.

Middle Name

Last Name:

Father/Husband Name

Last Name:

Permanent Address :

Contact Phone Number:

E-mail Address:

Current Address :

Name of Medical College

Date & Year of Passing MBBS (Final Year)

Percentage of Marks obtained in Final Year

How did you come to know about IAMS?

Declaration

Yes, I am willing to undertake admission to Regular/Elite/Crash/Postal/Online Course/V-Con at IAMS and I agree to abide by the rules & regulation of IAMS. I understand that by taking admission to IAMS, IAMS no way guarantees admission to a PG Course in any medical school in India.

Signature of the Candidate

For Office Use only

1. Registration Amount Rs. Cash/Cheque No.Dt..... Banker
2. Full Payment Amount Rs. Cash/Cheque No.Dt..... Banker
3. Instalments:
 - A) Instalment No.1. Rs. Cash/Cheque No.Dt..... Banker
 - B) Instalment No.2. Rs. Cash/Cheque No.Dt..... Banker
 - C) Instalment No.3. Rs. Cash/Cheque No.Dt..... Banker

* Documents to be attached : 2 Photographs & Final Year MBBS Mark Sheet

Name & Signature of Candidate/guardians