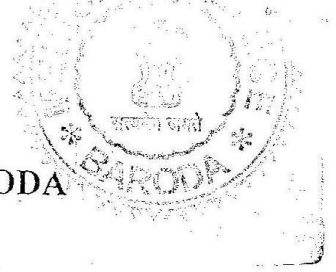


ADMISSION FORM

THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA
FACULTY OF MEDICINE



To,
The Dean,
Faculty of Medicine,
Baroda.

Sir,

I beg to apply for admission to the M.Sc (Medical) course in the Faculty of Medicine at the Maharaja Sayajirao University of Baroda.

First Preference:

Third Preference:

Fifth Preference:

Second Preference:

Forth Preference:

1. Name in Full:
(Beginning with surname in Block letters: Mr./Mrs./Miss)
2. Present address:
3. Date of Birth and age:
4. Place of Birth (with the name of the District State)
5. Nationality:
6. Caste's, SC/ST/SEBC/General:
7. Mother tongue:
8. Father's Name:
9. Guardian's Name if father is not alive:
10. Permanent address: