

## **APPLICATION FOR**

	Reg. No.	for office use only.
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		ation exchange programs in				nternatioi	nai MBBS Progran	
		write to us at info@sara le your full name as per		call us toll free 1800	425 425 66		All fields are mandatory. Plea	se do not leave any fields blank
		ie your iuii name as per		Given	Name			
Date of Birth _ D	/_M_M/ <u>_Y_Y_Y</u>	Y Male F	emale Cate	gory : SC/ST	OBC	General	Nationality	15-
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Residential Addres City		PIN (	Code TT	ntet2			Country_	
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Education De	tails	(Class 10+2)	Year of Passin	g		(Class 10	Year of Passing	
Name of the Insti	itution							
Head of the Instit	tution (Current)							
Address, City &								
Tele Phone (Offc								
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Name of the Boa								
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Subjects	Physics	Chemistry	Biology	Total PCB	Englis		ualified in NEET 2022 EET 2022 Percentile Score	Yes No
Total Marks						NE	EET 2022 Total Marks	
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Percentage							EET 2023 Percentile Score EET 2023 Total Marks	
: College/Univer	sity to which	admission is s	ought in orde	er of preference	e, pleas	e mention.		
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Payment Detai			2				3	
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ignature of the Applicant					Signature of the Parents'/ Guardians			
					Place_			ate//
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<b>N</b> here did <b>y</b> ou hear	about us? Nev	vspaper Search	n Engine 🔲 So	ocial Media 🔲 S	SMS  E	mail Fr	om a friend TV F	Radio Other
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