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APPLICATION FORM

For Admission to International MBBS Program - Batch 2021-22

Reg. No. for office use only.

For any questions or clarifications please write to us at info@saraswationline.com or call us toll free 1800 425 425 66

All fields are mandatory. Please do not leave any fields blank.

Personal Details (Please provide your full name as per passport)

Surname _____ Given Name _____

Date of Birth DD/MM/YYYY Male ☐ Female ☐ Category : SC/ST ☐ OBC ☐ General ☐ Nationality _____

Are you holding a valid passport ? Yes ☐ No ☐ . If Yes, Passport No ☐☐☐☐☐☐☐☐ Place of Issue _____

Date of Issue DD/MM/YYYY Date of Expiry DD/MM/YYYY If No, have you applied for passport ? Yes ☐ No ☐

Father's Name _____ Date of Birth ___/___/_____ Occupation _____ Sector _____

Mother's Name _____ Date of Birth ___/___/_____ Occupation _____ Sector _____

Family Annual Income: _____ PAN No. Father's ☐☐☐☐☐☐☐☐☐☐ Applicant's ☐☐☐☐☐☐☐☐☐☐

Residential Address _____

City _____ PIN Code ☐☐☐☐☐☐ State _____ Country _____

Tele Phone (Res.) _____ (STD) _____ Mobile ☐☐☐☐☐☐☐☐☐☐ Whats App ☐☐☐☐☐☐☐☐☐☐

Mobile (Alt.) ☐☐☐☐☐☐☐☐☐☐ Email _____

Please affix your recent photograph here

Education Details	**(Class 10+2)**	Year of Passing		**(Class 10)**	Year of Passing	
Name of the Institution						
Head of the Institution (Current)						
Address, City & Pin Code						
Tele Phone (Offc.)						
Name of the Board						

Class 10+2 marks details

Subjects	Physics	Chemistry	Biology	Total PCB	English
Total Marks					
Marks Obtained					
Percentage					

NEET 2020 Details

Applied for NEET 2020? Yes ☐ No ☐

Qualified in NEET 2020 Yes ☐ No ☐

NEET 2020 Percentile Score _____

NEET 2020 Total Marks _____

College/University to which admission is sought in order of preference, please mention.

1. _____ 2. _____ 3. _____

Payment Details

Mode of Payment DD ☐ Cheque ☐ NEFT / RTGS ☐ Date of Payment ____/____/_____ Place of Payment _____

Amount (INR) _____ Cheque / DD No. _____ NEFT / RTGS Ref.No. _____

*Payment by way of Cheque/DD/Bank Transfer only. Cash deposits not acceptable. *PSL will be issued only on receipt of payment of Rs 50,000/-

Applying for education loan ? YES ☐ NO ☐

Signature of the Applicant

Signature of the Parents'/ Guardians _____

Place _____ Date ____/____/_____

Name of the Counselor _____ Signature of the Counselor _____

Where did you hear about us? Newspaper ☐ Search Engine ☐ Social Media ☐ SMS ☐ Email ☐ From a friend ☐ TV ☐ Radio ☐ Other _____

Saraswati Online.Com India Ltd.
Corporate Office: 102, 1st Floor, Soundarya Paramount, 83/87 5th Cross, Malleshwaram, Bangalore - 560 003 Karnataka, India. Tel: +91 80 2334 3207 / 3169, Fax: +91 80 2334 9683,
Email: info@saraswationline.com, Website: www.saraswationline.com