



"Dr. Bhatia Medical Institute"

{For : PLAB, USMLE, DNB, UPSC & PG Entrance Exam}

Corp. Off: 7, Unique Apartment, Sector-13, Rohini, Delhi-85
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Admission Form

Course _____ Batch _____

Candidate's Name : _____

Date of Birth: - -

College of MBBS: _____

State: _____ Year of Passing : _____

Presently Working at:- _____

Present Address:- _____
(Postal Address)

State _____ E-mail: _____

Mobile: _____ Tel No:- _____

Permanent Address: _____

State: _____ Pin Code:- _____

Father's /Husband Name : _____ Occupation:- _____

Mobile No. _____ Phone No: _____

**Please
Note**

{The Fee / Installment of Fee, once deposited, shall not be refundable/Transferable for any reason whatsoever}.

Fee Details:

Amount (Rs.)

DD No:

Bank:

- DD to be made in favour of "Dr. Bhatia Medical Coaching Institute Pvt. Ltd."
- To be sent at Head Office: 7, Unique Apartment, Sector-13, Rohini, Delhi-85.

Date:-

Signature of Candidates