

Form to be kept at the Examination Centre

NIMS UNIVERSITY, JAIPUR
All India Pre-PG (Medical/Dental) Entrance Examination - 2015
(AIPPGMDEE - 2015)

Examination Centre: _____

Date & Time of Exam: _____

(All entries except Roll Number & Exam. Centre to be filled in by the candidate.)

Name of Candidate:

Father's/Guardian's Name:

Full Postal Address:

.....

.....

Signature attested

| |
|----------|
| Roll No. |
| |

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| Paste recent Passport size Photograph attested by Principal/ Gazetted Officer (do not Staple or Pin) |
|--|

Signature of the candidate in full
(To be taken in the Exam. Hall)

Superintendent of the
Examination Centre

Signature of Candidate in full

NIMS UNIVERSITY, JAIPUR
All India Pre-PG (Medical/Dental) Entrance Examination - 2015
(AIPPGMDEE - 2015)

ADMISSION CARD

Date & Time of Exam: _____

(All entries except Roll Number & Exam Centre to be filled in by the candidate.)

Please admit:

Son/Daughter of:

at the Centre.

| |
|----------|
| Roll No. |
| |

| |
|--|
| Paste recent Passport size Photograph attested by Principal/ Gazetted Officer (do not Staple or Pin) |
|--|

Date:

Coordinator, All India Pre-PG (Medical / Dental)
Entrance Examination - 2015