

Replica of Online Application Process for CPMT-2016

Helpline: 9999-888-777 | Email: helpinecpmt2016@gmail.com



Combined Pre-Medical Test (CPMT) 2016, Uttar Pradesh
Dr. Ram Manohar Lohia Avadh University, Faizabad - 224001, U.P.

Home How to Apply Advertisement Information Brochure FAQ Key Dates & Fee Details

Announcements :: **maintenance activity. Avoid using the website during that time.**

NEWS & EVENTS

10th March 2016.

CPMT-2016 Entrance Examination will be held on 17th May 2016.



-: About University :-

The Government of Uttar Pradesh, established Avadh University, Faizabad, initially as an affiliating university by its notification No. 1192/fifteen-10-46(6)-1975 dated 04 March, 1975. In 1993-94, it was renamed as Dr. Ram Manohar Lohia Avadh University, Faizabad in the memoriam of late Dr. Ram Manohar Lohia, an epic socio-economic ideologue and freedom fighter par excellence.

Presently, the university is catering education to about 9 lakh regular/private student through its 9 residential PG Departments and an Institute of Engineering along-with more than 600 affiliated colleges spread over in 11 districts of UP.

-: CPMT-2016 (UP) :-

The Government of Uttar Pradesh vide its G.O. no. 1047/71-2-2016-127/2011 dated 05 March 2016 has allocated onerous the task of conducting Combined Pre-Medical Test (C.P.M.T.) 2016 to Dr. Ram Manohar Lohia Avadh University, Faizabad which is going to be held on 17th May 2016.

New User click here..

Registered User

Enter Registration No

Enter Password

09757

Enter Image Text

Refresh Image

Forgot Password

Login

- Applicant First time visiting the website will proceed for registration by clicking the tab "NEW USER CLICK HERE". This will open the next page of registration procedure.

Combined Pre-Medical Test (CPMT) 2016, Uttar Pradesh
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Server shall be slowed down between 12:00 AM to 1:00 AM due to schedule

CPMT-2016 SCHEDULE	
Commencement of online applications	10 th March, 2016
Last Date of receiving online applications	15 th April, 2016
Last Date of depositing fee	13 th April, 2016 [till closing of banking hours]
Downloading of admit cards	11 th May, 2016 to 16 th May, 2016
DATE OF WRITTEN EXAMINATION	17th May, 2016
Date of declaration of result & Display Of Answer Key	01 st June, 2016

FEE DETAILS	
FOR GENERAL/OBC	1400/- (INR) + Bank Charges
FOR SC/ST	700/- (INR) + Bank Charges

GENERAL INSTRUCTION

IMPORTANT: Online Application process has to be accomplished in three steps-

- Registration
- Fee deposition and
- Online Application form filling.

Subsequent steps will start on next working day of preceding step.

- Candidates are advised in their own interest to download the "Information Brochure" from this website and read it carefully before applying and ensure that they meet the required eligibility criteria.
- Information and other details provided while filling up the Online Application must be cross checked before submission.
- Candidates are also advised to keep at least 10 copies of the photographs that is uploaded in the application form.
- Delete the Cache Memory by pressing Ctrl and H key together (Ctrl+H)
- Enable JavaScript in Internet Explorer, Mozilla, Firefox, Google Chrome ([Click here](#) to see the steps / instructions)
- Disable popup blocker([Click here](#) to see the steps / instruction)

INSTRUCTIONS AND PROCEDURES FOR ON-LINE APPLICATION FORM CPMT - 2016

- Please read the instructions and proceed carefully before you start filling the Online Application Form.
- Candidates can apply for CPMT - 2016 "Online" only.
- Candidates must follow the instructions strictly as given in the Information Brochure and on the website.
- Uploading of Photograph, Signature and Right Hand Thumb Impression
 - The Scanned image of the Photograph of the candidate should be in JPG format and Image size should not be greater than 50KB.
 - The Scanned image of Signature of the candidate should be in JPG format and Image size should not be greater than 20KB.
 - The Scanned image of Right Hand Thumb Impression of the candidate should be in JPG format and Image size should not be greater than 20KB.
- Please keep all these documents for future reference-
 - Proof of remittance of fee.
 - Computer Generated Confirmation Page of online Application
- Candidates must preserve their Admit Card and all documents as mentioned till the admission in College or Institution.
- The Candidate is required to mention only his/her own or parents' Mobile Number (One E-mail ID can be used for filling one application only). All information/communication regarding CPMT-2016 will be sent on registered mobile number and E-mail ID.

I have read the above details

- Applicants are advised to read the information on this page carefully and CLICK upon the box provided with "I have read the above details". A CLICK HERE TO PROCEED tab will appear. CLICK on the appeared tab to reach on next page of registration procedure.



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Home How to Apply Advertisement Information Brochure FAQ Key Dates & Fee Details

Registration Form Back

Fields mentioned with * sign are mandatory

*Applicant's Name : RAHUL SHARMA

*Father/Husband's Name : RUPESH SHARMA *Mother's Name : REKHA SHARMA

1.Name as recorded Matriculation/Secondary Certificate
2.Please do not use titles like Mr., Ms. etc.

*Email Address : rahulsharmaias@yahoo.com *Mobile No. (don't prefix '0'): 8987876567

*Category : UR *Date of Birth : 01 JAN 1991
Date of Birth as recorded in Matriculation/Secondary Certificate.

Access Code (Case sensitive) 9WWOJ 9WWOJ Refresh Image REGISTER NOW

- Candidate will fill-up all the details appeared on this page and thereafter **CLICK** the REGISTER NOW tab. This will make a Registration Number appear on the screen. Candidates are advised to note the appeared Registration number for next time Login. Simultaneously he/she will receive an OTP (Password) on his/her registered mobile number and e-mail ID.
- Step-1 of the 'Online application methodology for CPMT-2016, which is related to the REGISTRATION process, will be completed at this stage.



**Combined Pre-Medical Test (CPMT) 2016, Uttar Pradesh
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- Home
- How to Apply
- Advertisement
- Information Brochure
- FAQ
- Key Dates & Fee Details

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New User click here..

Registered User ↓

Enter Registration No
 Enter Password
 09757
 Enter Image Text
 Refresh Image Forgot Password
 Login

- With the provided Registration Number and OTP (Password) candidate will Login by clicking on the “REGISTERED USER” tab.



**Combined Pre-Medical Test (CPMT) 2016, Uttar Pradesh
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Change Password LogOut

Activities

Step-I
 Click here to makes fee payment

Step-II
 Click Here to Fill/Edit Application :

Click Here to Upload Photo, Sign & Right hand Thumb Impression:

View/Print Application
 Click here to View/Print Application:

Welcome :- RAHUL SHARMA

Activities	Status
Step-I : Application Fee(s) Detail :	Complete
Step-II : 1- Application Details	Incomplete
Step-II : 2- Photo, Sign & Right hand Thumb Detail :	Incomplete
Final Submission of Application :	Incomplete

Note: Deposit the fee in the Bank after minimum 1 working day of generation of challan (if applicable).

- This is a status page where you can check your previous step(s) status.
- Candidate may proceed on the Fee deposition process on the next working day after successful registration.

भारतीय स्टेट बैंक
State Bank of India
The Banker to Every Indian

State Bank Collect

Products & Services Know More



STATE BANK COLLECT
A MULTI-MODAL PAYMENT PORTAL

DISCLAIMER CLAUSE

डिस्क्लेमर क्लॉज हिंदी में देखने हेतु [यहां क्लिक करें](#).

[Click here](#) to view the disclaimer clause in Hindi.

Terms Used:

- ▶ **Corporate Customer:** Firm/Company/Institution (F/C/I) collecting payment from their beneficiaries.
 - ▶ **User:** The beneficiary making a payment to F/C/I for the services/goods availed.
 - ▶ Bank shall not be responsible, in any way, for the quality or merchantability of any product/merchandise or any of the services related thereto, whatsoever, offered to the User by the Corporate Customer. Any disputes regarding the same or delivery of the Service or otherwise will be settled between Corporate Customer and the User and Bank shall not be a party to any such dispute. Any request for refund by the User on any grounds whatsoever should be taken up directly with the Corporate Customer and the Bank will not be concerned with such a request.
 - ▶ Bank takes no responsibility in respect of the services provided and User shall not be entitled to make any claim against the Bank for deficiency in the services provided by the Corporate Customer.
 - ▶ The User shall not publish, display, upload or transmit any information prohibited under Rule 3(2) of the Information Technology (Intermediaries guidelines) Rules, 2011.
 - ▶ In case of non-compliance of the terms and conditions of usage by the User, the Bank has the right to immediately terminate the access or usage rights of the User to the computer resource of the Bank and remove the non-compliant information.
- I have read and accepted the terms and conditions stated above.
(Click Check Box to proceed for payment.)

Proceed

- **This is the first step regarding your Application Fee payment.**
- **Candidate has to read information on this page and first CLICK on the Check Box and then on “Proceed tab” to access next screen of the payment process.**

State Bank Group

State Bank Collect | State Bank MOPS | Pay EPFO

You are here: State Bank Collect > State Bank Collect

State Bank Collect | 08-Mar-2016 [06:13 PM IST]

DR RAM MANOHAR LOHIA AVADH UNIVERSITY, FAIZABAD
COMBINED PRE MEDICAL TEST UP-2016, FAIZABAD, FAIZABAD-224001

Provide details of payment

Select Payment Category * CPMTUP-2016

Mandatory fields are marked with an asterisk (*)

Enter REGISTRATION NO. *

Enter DOB ddmmyyyy *

Submit

* Mandatory fields are marked with an asterisk (*)
 * The payment structure document if available will contain detailed instructions about the online payment process.
 * Date specified(if any) should be in the format of 'ddmmyyyy'. Eg., 02082008

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- Candidate has to fill Registration Number and date of birth to receive the next screen of payment process.

State Bank Collect

DR RAM MANOHAR LOHIA AVADH UNIVERSITY, FAIZABAD
COMBINED PRE MEDICAL TEST UP-2016, FAIZABAD, FAIZABAD-224001

Provide details of payment

Select Payment Category * CPMTUP-2016

REGISTRATION NO. * CPMT16000020

DOB ddmmyyyy * 12021999

NAME OF APPLICANT * NAMISH

NAME OF FATHER * ABC

CASTE CATEGORY * ST

MOBILE NO. 85768002

REGISTRATION FEE * 1

Remarks

• Please complete Application Process at www.cpmup2016.org after next working day of depositing Fee. For any query please refer to helpline details provided at Website.
 • Email - helplinecpmt2016@gmail.com For any transaction related issue, email to sbi.00075@sbi.co.in

Please enter your Name, Date of Birth & Mobile Number. This is required to reprint your e-receipt / remittance(PAP) form, if the need arises.

Name *

Date of Birth *

Mobile Number *

Enter the text as shown in the image *

7BCFE

Submit Reset Back

- Fill the required information and proceed for payment either using Credit Card/Debit Card/Net Banking or through the generated Bank Challan.



Combined Pre-Medical Test (CPMT) 2016, Uttar Pradesh
Dr. Ram Manohar Lohia Avadh University, Faizabad - 224001, U.P.

Home How to Apply Advertisement Information Brochure FAQ Key Dates & Fee Details

You are applying for: **COMBINED PRE-MEDICAL TEST(CPMT) - 2016** Fields mentioned with * sign are mandatory and # optional
[GO TO STATUS PAGE](#)

Personal Details

Applicant's Name:	M TAQI UZZAMAN	Email Address:	tequzzaman@gmail.com
Mobile No.:	8010022591	Category:	UR
Father's Name:	M BADRUZZAMAN	Mother's Name:	MARA
Date of Birth:	01/03/1980	*Have you ever been debarred from taking CPMT exam?:	No
*Gender:	Male	*Sub Category:	None
*Marital Status:	Married	*Nationality:	India
#Previous year's CPMT Roll No. (Year 2014):	32456	#(Year 2015):	980768
*Whether Domicile of UP:	Yes	*Medium of Examination:	English

Educational Qualification

Course/Degree/Certificate	Discipline/Subjects	Institute/University/Board Name	Result	% of Marks	Full Time Regular	Passing Year
*Metric/10th Standard:	English, Urdu/Hindi, Math, 1	AB SCHOOL	Passed	89.00	Yes	2000
*Intermediate/12th Standard/ Diploma Honor Candidates:	PCB(Botany&Zoology)	ABC COLLEGE	Passed	99.00	Yes	2002
Other Qualification (if any):			-Select-		-Select-	-Select-

*Note
Calculate percentage from CGPA / O/GPA as per norms adopted by the University / Institute / Board.

*Have you passed Madhyama parishad with Science subject from Sampurnanand Sanskrit University? No

*Have you passed with UROU at 10th and Intermediate/12th with Science subject? No

Candidate's Mailing Address:

Correspondence Address:

Address Line - * HNO-575, JURASIN PARK

Town/City Name - * AGRA

District Name - * AGRA

State Name - * Uttar Pradesh

Pincode - * 210022

Permanent Address: Same as Correspondence Address

*Exam City Preference - 1. AGRA 2. ALIGARH 3. ALLAHABAD

*Please Select Three Different Exam City

Parent's Income

Parents:	Qualification:	Occupation:	Income:
Father's/Guardian's:	NCA	SERVICE	5250000 P.A
Mother's:	BCA	SERVICE	4565000 P.A

Declaration

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I fulfil the eligibility conditions for appearing in the CPMT-2016 conducted by DR. RAM MANOHAR LOHIA AVADH UNIVERSITY, FAIZABAD for Combined Pre-medical test (CPMT-2016) of UP. I further declare that in case any of the above information is found to be false/incorrect or any ineligibility being detected before, during or after the test, my candidature for Combined Pre-medical test (CPMT-2016) is liable to be forfeited.

[Preview](#)

- Candidate has to Login again (using 'Registered User' tab) for Online Application Filling process on the next working day after successful payment of Fee.
- Fill the personal details, educational details, mailing address etc. then check the preview of filled details before final submission.

Combined Pre-Medical Test (CPMT) 2016, Uttar Pradesh
Dr. Ram Manohar Lohia Avadh University, Faizabad - 224001, U.P.
APPLICATION FORM

Personal Details:							
Registration No/ID :	CPMT16000022						
Candidate's Name :	RAHUL SHARMA						
Mother's Name :	REKHA SHARMA						
Father/Husband's Name :	RUPESH SHARMA						
Date of Birth :	01/01/1991						
Gender :	Male						
Category :	UR						
Sub Category :	None						
Whether Domicile of UP :	No						
Medium of Exam :	English						
Marital Status:	Un-Married						
Mobile No.:	7827212202						
Email Address:	rahulsharmatestmail@gmail.com						
Exam City:	1. AGRA2. GORAKHPUR3. MEERUT						

Educational Qualification :							
Examination Passed	Subject/Discipline	Name of Board/University	Result	%Marks	Year of Passing	Whether through Distance Mode(R/C)	
Matric/Secondary/10 th :	English, Urdu/Hindi, Math, Science, Social Sc.	CBSE	P	89.00	2008	R	
Intermediate/Sr.Secondary/12 th :	PCB(Botany&Zoology)	CBSE	P	90.00	2010	R	

Candidate's Mailing Address :				Permanent Address:-			
Address Line	JANAKPURI EAST	Address Line	JANAKPURI EAST				
Town/City	DELHI	Town/City	DELHI				
District	DELHI	District	DELHI				
State	110058	State	110058				
Pin		Pin					

Declaration:-
I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I fulfill the eligibility conditions for appearing in the CPMT-2016 conducted by DR.RAM MANOHAR LOHIA AVADH UNIVERSITY, FAIZABAD for Combined Pre-medical test [CPMT-2016] of UP. I further declare that in case any of the above information is found to be false/incorrect or any ineligibility being detected before, during or after the test, my candidature for Combined Pre-medical test [CPMT-2016] is liable to be forfeited.
Preview Date: 08/03/2016

[Edit / Modify](#) [Submission of Step-II-A](#)

- Once you click on preview button, the filled details will appear as above.
- After being satisfied with the details filled by you proceed to next step of uploading photo, signature and thumb impression by clicking “Submission of Step II-A”

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Guidelines for scanning the Photograph, Signature & Right hand Thumb Impression [Back](#)

Candidate's Name : M TAQUIZZAMAN

UPLOAD SCANNED PHOTO, SIGNATURE & INDEX FINGER

<p>Photograph of the candidate should be in JPG format and image size should not be greater than 50KB. Select Photograph:</p> <p>Choose Files No file chosen</p>  <p>3.0 CM 4.5 CM DEEPAK SINGH 01-03-2016 3.5 CM</p> <p>Change</p>	<p>Signature of the candidate should be in JPG format and image size should not be greater than 20KB. Select Signature:</p> <p>Choose Files No file chosen</p>  <p>Change</p>	<p>Right Hand Thumb Impression of the candidate should be in JPG format and image size should not be greater than 20KB. Select Right hand Thumb Impression:</p> <p>Choose Files No file chosen</p>  <p>Change</p>
<p>Save & Continue</p>		

- Candidate has to upload his scanned photograph, signature and right hand thumb impression on this screen and click on save button to reach at the final submission step.

Combined Pre-Medical Test (CPMT) 2016, Uttar Pradesh
Dr. Ram Manohar Lohia Avadh University, Faizabad - 224001, U.P.
APPLICATION FORM

Personal Details:

Registration No/ID : CPMT16000022
 Candidate's Name : RAHUL SHARMA
 Mother's Name : REKHA SHARMA
 Father/Husband's Name : RUPESH SHARMA
 Date of Birth : 01/01/1991
 Gender : Male
 Category : UR
 Sub Category : None
 Whether Domicile of UP : No
 Medium of Exam : English
 Marital Status : Un-Married
 Mobile No. : 7827212202
 Email Address : rahulsharmatestmail@gmail.com
 Exam City : 1. AGRA2. GORAKHPUR3. MEERUT



Educational Qualification :

Examination Passed	Subject/Discipline	Name of Board/University	Result	%Marks	Year of Passing	Whether through Distance Mode (R/C)
Matric/Secondary/10 th :	English, Urdu/Hindi, Math, Science, Social Sc.	CBSE	P	89.00	2008	R
Intermediate/Sr.Secondary/12 th :	PCB(Botany&Zoology)	CBSE	P	90.00	2010	R

Candidate's Mailing Address :

Address Line : JANAKPURI EAST
 DELHI
 Town/City : DELHI
 District : DELHI
 State : 110058
 Pin :

Permanent Address:-

Address Line : JANAKPURI EAST
 DELHI
 Town/City : DELHI
 District : DELHI
 State : 110058
 Pin :

Declaration:-

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I fulfill the eligibility conditions for appearing in the CPMT-2016 conducted by DR.RAM MANOHAR LOHIA AVADH UNIVERSITY, FAIZABAD for Combined Pre-medical test [CPMT-2016] of UP. I further declare that in case any of the above information is found to be false/incorrect or any ineligibility being detected before, during or after the test, my candidature for Combined Pre-medical test [CPMT-2016] is liable to be forfeited.
 Preview Date: 08/03/2016

[Click here to Final Submit](#)

- By clicking on the save and continue button all the details of the applicant for CPMT 2016 with his/her personal details, scanned photograph, signature and right hand thumb impression will appear on the screen as shown above.
- Click on “Click here to Final Submit” for final submission of the On-line Application for CPMT 2016. This will bring you on the next screen from where you may print the Application form and Declaration form for future use and reference.



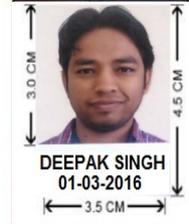
Combined Pre-Medical Test, U.P. (CPMT-2016)

Organised By
Dr. Ram Manohar Lohia Avadh University, Faizabad, UP
APPLICATION FORM



Personal Details:

Registration No/ID :	CPMT16000001
Candidate's Name :	M TAQIUZZAMAN
Mother's Name :	M ARA
Father/Husband's Name :	M BADRUZZAMAN
Date of Birth :	01/03/1980
Gender :	Male
Category :	UR
Sub Category :	None
Whether Domicile of UP :	Yes
Medium of Exam :	English
Marital Status:	Married
Mobile No.:	8010022591
Email Address:	taquizzaman@gmail.com
Exam City:	1. AGRA2. ALIGARH3. ALLAHABAD



Photograph



Signature



Thumb Impression

Educational Qualification :

Examination Passed	Subject/Discipline	Name of Board/University	Result	% Marks	Year of Passing	Whether through Distance Mode(R/C)
Matric/Secondary/10 th :	English, Urdu/Hindi, Math, Science, Social Sc.	AB SCHOOL	P	89.00	2000	R
Intermediate/ Sr.Sec./12 th :	PCB(Botany&Zoology)	ABC COLLEGE	P	99.00	2002	R

Candidate's Mailing Address :

Address: HNO-575, JURASIK PARK
Town/City: AGRA
District: AGRA
State: UTTAR PRADESH
Pin code: 210022

Permanent Address:-

Address: HNO-575, JURASIK PARK
Town/City: AGRA
District: AGRA
State: UTTAR PRADESH
Pin code: 210022

Declaration:-

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Submission Date: 09/03/2016 6:48:13 PM



CPMT-2016 Registration No. **CPMT16000001**

Combined Pre-Medical Test, U.P. (CPMT-2016)

Organised By

Dr. Ram Manohar Lohia Avadh University, Faizabad, UP



Candidate's Declaration Form

I M TAQUIZZAMAN Son/Daughter of **M BADRUZZAMAN** herewith undertake the following-

1. I shall abide by the rules & regulations given in Information Brochure of CPMT-2016 and are acceptable to me.
2. I hereby, declare that, the entries made by me in the On-line Application Form are complete and true to the best of my knowledge & belief and based on records.
3. I, hereby, undertake to present the original documents immediately on demand by the concerned authorities during admission process/counselling.
4. I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India.
5. I, hereby, promise to abide by the admissible rules and regulations, concerning discipline, attendance, etc. of the Institute where I get admission and also to follow the code of conduct prescribed for the Students of the Institute, as in force from time to time and subsequent changes/modifications/amendment made thereto. I acknowledge that, the institute has the authority for taking punitive action against me for violation and/or non-compliance of the same.
6. I fully understand that the offer of a program will be made to me depending on merit and availability of a seat at the time of counselling when I report to the admission authority according to the schedule of admission.
7. I understand that no information, other than those mentioned in on-line application form, will be entertained at the time of counselling.
8. I will not involve directly or indirectly in any kind of unlawful, antisocial, unethical activities and ragging activities after admission.
9. I, also declare that, I am not suffering from any serious/contagious ailment and/or any psychiatric/psychological disorder.
10. I, further declare that, my admission may be cancelled, at any stage, if I am found ineligible and/or the information provided by me are found to be incorrect.

 <p>3.0 CM 4.5 CM DEEPAK SINGH 01-03-2016 3.5 CM Photograph</p>	 <p>Thumb Impression</p>	 <p>Signature</p>

DECLARATION BY

PARENT/GUARDIAN

I, (Name of Candidate's Mother / Father / Guardian) hereby fully endorse the above undertaking / declaration given by my child/ward. And I will endeavour to induce my child/ward to do his/her best to observe the above endorsement to the fullest.

Place :

Signature of Mother/Father/Guardian

Date :



- Click on the Print tab to receive printed copy of your application form and declaration form.

- You may also proceed to “Go to Application Status Page” by clicking the similar tab and may reach at status page to check the status of all the steps involved in online application process.

Helpline: 9999-888-777 | Email: helplinecpmt2016@gmail.com



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Change Password LogOut

Activities	
Step-I	
→	Click here to makes fee payment
Step-II	
→	Click Here to Fill/Edit Application
→	Click Here to Upload Photo, Sign & Right hand Thumb Impression
View/Print Application	
▶	Click here to View/Print Application:

Welcome :- RAHUL SHARMA	
Activities	Status
Step-I : Application Fee(s) Detail :	Complete
Step-II :1 -Application Details	Complete
Step-II :2-Photo, Sign & Right hand Thumb Detail :	Complete
Final Submission of Application :	Complete
Note:	Deposit the fee in the Bank after minimum 1 working day of generation of challan(if applicable).

- Here you can check the status of all the steps involved in online application process for CPMT 2016.