DR. RAJENDRA GODE MEDICAL COLLEGE AND HOSPITAL AMRAVATI MARDI ROAD, AMRAVATI-444602

Form No	(FOR THE ACA		FOR MBBS EAR2024-25)	Passport size Photograph of the candidate attested by DEAN
Candidate Name (as per 10t Std. Passing Certificate) in BLOCK letters.				
				
				
City	State(E-mail)		(PIN)	
AADHAR Card NoPAN card No.				
Date of Birth (DD-MM-YY)				
a) Category				
Open OBC	SC ST (V.	J) DT-A N	T1(B) NT2(C) NT	3(D) SEBC EWS
Religion Caste / Sub - Caste				
		FOR Office	Use Only	
Date of Admission	Type of CET - Total Marks Of CET(NEET)	NEET	SML No.	Admitted to College Course DRGMC MBBS
Scrutinized by	Checked by		Rechecked by	DEAN