

## KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, **TELANGANA, WARANGAL-506002** Website: www.gmcnzb.org

## **GOVERNMENT MEDICAL** COLLEGE, NIZAMABAD,

Phone.No.08462-221999, Pin.503001, Email ID:

gmc\_nizamabad@yahoo.com

Photo

DETAILS OF THE CANDIDATE	ADMITTED	O INTO	PG (MD/MS & I	DIPLOMA) COURSE FOR THE	
ACADEMIC YEAR 2024-25					
S.No.: NEET Rank:	NE	NEET Roll NO:		KNRUHS Merit:	
Student Name (Block Letters,	AS PER MB	BS CER	RTIFICATE):		
Father's Name:			Gender:		
Address:					
			Local/Non-Local:		
Category/Caste:		DOB (DD/MM/YYYY):			
AWARD(DEGREE/DIPLOMA):			SERVICE/NON-SERVICE:		
Qualifying Examination Board: NBEMS, NEW DELHI			Allotted Quota (AIQ, CQ, MQ):		
Allotted Details as per KNRUH	IS Allotmen	nt Lette	er:		
Site/College Code:017					
College name as per letter hea	ıd:				
Name of the Institution last st	udiod:				
Name of the institution fast st	uaiea:				
Date Of Completion Of Interns	ship:				
Mobile Number (10 Digits Onl	y) self:				
Mobile Number (10 Digits Onl					
Email ID:					
Aadhaar Number:					
Total Marks Obtained in Eligibility Exam: M			Maximum Mai	rks in Eligibility Exam:	
Identification Marks ( As per	1)				
SSC/Birth Certificate)	2)				
Signature of the Candidate	Signature of the Principal along with the Official Seal				