

Application Form



**The MD House
Official Representative
Bukovinian State Medical University
Head Office-
The MD House
1st Floor, Sec-20C, Chandigarh-160020
Tel-+91-172-5201122, +91-9216323222
Web-www.themdhouse.com
Email-info@themdhouse.com**

PASTE (Do not Pin or Staple here). Paste recent pass port size colour photograph of size 3.5 cm X 3.5 cm. The Colour photograph should not be more than 1 months old.

Please put your signature across the photograph.

Admission Applied At

The MD House

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1. NAME OF CANDIDATE:

FIRST NAME:

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MIDDLE NAME:

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SURNAME:

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2. FATHER'S NAME:

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3. MOTHER'S NAME:

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4. a) CATEGORY- (TICK ✓)

General SC ST OBC

5) GENDER: MALE

FEMALE

6) DATE OF BIRTH (DD/MM/YYYY)

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7) AGE as on 31-12 Present Year: Years

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Months

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Days

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8) PERMANENT ADDRESS:-

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City

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District.

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State.

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Pincode:

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14) Physical Health-

Please Mention if you suffer from any physical defect or disability which may require special facilities or treatment -

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Declaration:

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statements is found untrue during any stage of admission and thereafter, I shall be disqualified for the course applied for and I shall be liable for any penal action. I hereby declare that I bear full responsibility to follow the laws of Ukraine and of my country I understand that the role of The MD House will be only to assist me in seeking admission in above said medical university. The university reserves the right to expel me at any stage of the course on charges of misconduct/irregularity/indiscipline or due to studies. My aim to travel Chernivtsi, Ukraine is solely for the studies in BSMU.

Date:
Place:

Signature of the Candidate

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Chief of The MD House Office Holder where Admission Applied-

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|---------------|--|
| Office | |
| Name | |

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| Signature of Concerned Office Bearer- | |
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