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# ALIGARH MUSLIM UNIVERSITY

## Admission Card (For Student)

Session: ~~2013~~-2014-15

15666

App.No. 411912

Enrolment No. GA8153

(Please write, if allotted earlier)

R. No. 4434097

Faculty of MEDICINE

Course MD MEDICINE

Name MOHD MOHTASHIM

Father's Name JAWAHAR

Mother's Name ABBAS



Permanent Address:

HNO 4/330 NEW COLONY ZOHRA  
BAGH DODHPUR ALIGARH

Date of Birth 04/2/1987

DDMMYYYY

Gender(M/F) M

Status (I/E) I  
(Internal/External)



Special Category: \_\_\_\_\_  
(if any) (SC/ST/BC/CA/CE/PH/DS//DR/NC/CG/SM)

District ALIGARH

Nationality : INDIAN

State UP

PIN 202002

Religion : ISLAM

Email: \_\_\_\_\_

Contact No : 7417622 627

Examinations passed till date (Starting from the last):

Name of the Examination	Board/University	Year	Roll No.	%age of Marks
MBBS FINAL PART II	AMU	2011	3506	57.1
SSSC PART II	AMU	2006	6328/5	73.1
SSC PART II	AMU	2004	5121	75.64

Received AMU Students' Conduct & Discipline Rules, 1985 and agree to abide the same.

Dated 3/4/14

Signature of the Candidate

(For Office Use Only)

Faculty No. FMP6022014

Hall Assigned NR 503

1. Verified the Identity of the candidate
2. Verified all Certificates / documents in original

Dated 03/4/2014 VERIFYING OFFICER

Admission Charges Paid : Rs 9105/-

Vide DD/C.R.No \_\_\_\_\_ dated \_\_\_\_\_

Date 3/4/14



ADMITTED to M.D. Medicine (Course / Class)

Alloted Faculty No. / Class Roll No. / Section FMP6022014

Shifted to M.D. (OVL) Derma

DEAN/PRINCIPAL/COORDINATOR

**ALIGARH MUSLIM UNIVERSITY ALL INDIA QUOTA**  
**Admission Card (For Student)**

Session: **2014-15**

15120

App.No.

R. No.

Enrolment No. **GH9909**  
 (Please write, if allotted earlier)

Faculty of **MEDICINE**

Course **MD DERMATOLOGY**

Name **MANU SINGH**

Father's Name **DESH RAJ SINGH**

Mother's Name **REKHA**



Permanent Address:

**H.No-275, AVAS VIKAS COLONY**  
 District **BIJNOR**  
 State **UP** PIN **246701**

Date of Birth **15091989**

**D D M M Y Y Y Y**

Gender(M/F) **F**

Status (I/E) **E**  
 (Internal/External)



Thumb Impression of the Candidate  
 Male (LTI), Female (RTI)

Special Category: **SC**  
 (SC/ST/BC/CA/CE/PH/DS/DR/NC/CG/SM)

Nationality : **INDIAN**

Religion : **HINDU**

Contact No : **9171187406**

Email: \_\_\_\_\_

Examinations passed till date (Starting from the last):

Name of the Examination	Board/University	Year	Roll No.	%age of Marks
MBBS	YSMU, ARMENIA	2011		83.3%
INTERMEDIATE	5 CBSE	2005	5653380	75.4%
HIGH SCHOOL	5171903 CBSE	2003	5171903	82.4%

Received AMU Students' Conduct & Discipline Rules, 1985 and agree to abide the same.

Dated **12-06-14**

*Manu Singh*  
 Signature of the Candidate

(For Office Use Only)

Faculty No. **FMPG1292014/A1Q**

Hall Assigned **SNMR**

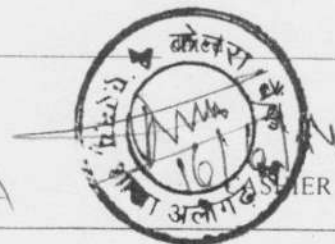
1. Verified the Identity of the candidate
2. Verified all Certificates / documents in original

Admission Charges Paid : Rs **9355/-**

Vide DD/C.R.No \_\_\_\_\_

Dated **16/06/14**

*Manu Singh*  
 ASSISTANT PROFESSOR  
 VERIFYING OFFICER  
 Department of Medicine  
 AMU, Aligarh  
 Date **16/6/14**



ADMITTED to **MD Dermatology** (Course / Class)

Allotted Faculty No. / Class Roll No. / Section **FMPG129/2014/A1Q**

*Manu Singh*  
 DEAN/PRINCIPAL/COORDINATOR