



OASIS PRE-MEDICAL

REGISTRATION FORM

To filled in capital letters only

The Managing Director
OASIS MEDICAL INSTITUTE PVT. LTD.,
C - 2/52, S.D.A., N.Delhi-110016.

Affix your
passport size
photograph
here.

Sir,
I seek Admission in your Institute. My particulars are given below.

1. NAME OF CANDIDATE

2. NAME OF FATHER/GUARDIAN

3. NAME OF MOTHER

4. OCCUPATION OF PARENT/GUARDIAN

5. (A) DATE OF BIRTH (DD MM YY) (b) AGE (c) SEX (tick one) (d) NATIONALITY
 Yrs. M F

6. PERAMANENT ADDRESS (Do not write father's / gurdian's or your name here).

City Pin Code

7. ADDRESS FOR COMUNICATION (Do not write father's / gurdian's or your name here)

City Pin Code

8. PHONE NO.(Res.) OFFICE
Mobile

9. NAME OF SCHOOL FROM WHERE APPEARED / APPEARING FOR CLASS XI / XII

10. % MARKS OBTAINED IN CLASS X (attach xerox) (a) Maths % (b) Science %

11. % MARKS OBTAINED IN CLASS XII (attach xerox) (a) Maths % (b) P.C.B. %

12. NAME OF COURSE FOR WHICH YOU ARE APPLYING

Date
Place

(Siganature of Student)