**APPLICATION FORM FOR**

**THOMAS JEFFERSON UNIVERSITY, USA**

**(2025 - 2026)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name in Full(As per University Marks Card) | : |  | Affix Passport Size Photo |
|  | Date of Birth(DD/MM/YYYY) | : |  |
|  | Admission year of MBBS | : |  |
|  | Registration No. | : |  |
|  | Course & Phase  | : |  |
|  | Permanent Address (H.No., Area, City, District, State, Pin Code) | : |  |
|  | Local Address | : |  |
|  | Mobile No. | : |  |
|  | E-mail ID | : |  |
|  | Passport  | : | No. Valid up to: |
|  | Scores:(Attach Marks Cards Copies) | : | --- |
|  | MBBS Phase-I | : | Total : / 900 |
|  | MBBS Phase-II | : | Total : / 900 |
| MBBS Phase – III Part I | : | Total : / 1100 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Attendance | : |  |
|  | MBBS Phase-I | : |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Theory****(%)** | **Practical****(%)** | **Seal & Sign. Of concerned HOD** |
| Anatomy |  |  |  |
| Physiology |  |  |  |
| Biochemistry |  |  |  |

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| 13. | MBBS Phase-II | : |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Theory****(%)** | **Practical****(%)** | **Seal & Sign. Of concerned HOD** |
| Pharmacology |  |  |  |
| Pathology |  |  |  |
| Microbiology |  |  |  |
| For. Medicine |  |  |  |

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| 14. | MBBS Phase III Part I | : |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Theory****(%)** | **Practical****(%)** | **Seal & Sign. Of concerned HOD** |
| Comm. Medicine  |  |  |  |
| ENT  |  |  |  |
| Ophthalmology  |  |  |  |
| For. Medicine |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 15. | MBBS Final Year Clinics | : |

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Theory****(%)** | **Practical****(%)** | **Seal & Sign. Of concerned HOD** |
| Peadiatrics  |  |  |  |
| Medicine |  |  |  |
| Surgery |  |  |  |
| OBG |  |  |  |

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| 16. | Other Academic Achievements during your Course(Write in Brief) | : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 17. | Extra-Curricular Achievements during your Course(Write in Brief) | : |  |
| 18. | Involved in anti-institutional activity ***(Remarks by*** ***Dr. R.S. Honnungar,*** ***Proctor – KAHER with signature & Seal*** | : | **Yes / No** |
| 19. | Dues to be paid (if any)**Yes / No** | : | College Fees: Rs.***(Seal & Signature of Finance Officer, KAHER) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Hostel Fees: Rs.***(Seal & Signature of Hostel Superintedent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| 20. | **Signature of the Student** | : |  |
| 21. | **Recommendation by Committee** | : |  |
| 22. | **Signature of Committee Members** | : |  |

**Note: 1. To enclose Xerox copies of relevant certificates in support of**

 **above.**

 **2. Soft copy of this form is available in the College Website**

 **(**[**www.jnmc.edu**](http://www.jnmc.edu)**)**