**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 | |

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|  | Attendance | : |  |
|  | MBBS Phase-I | : | |  |  |  |  | | --- | --- | --- | --- | | **Subject** | **Theory**  **(%)** | **Practical**  **(%)** | **Seal & Sign. Of concerned HOD** | | Anatomy |  |  |  | | Physiology |  |  |  | | Biochemistry |  |  |  | |
| 13. | MBBS Phase-II | : | |  |  |  |  | | --- | --- | --- | --- | | **Subject** | **Theory**  **(%)** | **Practical**  **(%)** | **Seal & Sign. Of concerned HOD** | | Pharmacology |  |  |  | | Pathology |  |  |  | | Microbiology |  |  |  | | For. Medicine |  |  |  | |
| 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 |  |  |  | | |
| 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)**)**