

INFORMATION REQUIRED FOR
KARNATAKA MEDICAL COUNCIL REGISTRATION

Photo

University Reg No:

All information should be entered in Capital Letters

Personal Information	
Title	Dr.
Name (As per SSLC MARKS CARD)	
Gender	
Blood Group	
Parent/Spouse Name	
Birth Date (DD/MM/YY)	
Birth Place	
Nationality	
Student Email ID (CAPITAL LETTERS)	
Student Mobile Number (Number Should Not Start with 0)	
Parent Email ID (CAPITAL LETTERS)	
Parent Mobile No :	
Residential Information	
Residential Address – Line 1	
Residential Address – Line 2	
Residential Country	
Residential State	
District	
Residential City	
Rural / Urban	
Residential Postal Code (Enter only 6 digits)	
Residential Phone 1 (Number Should Start with 0)	
Residential Phone 2 (Number Should Start with 0)	

Professional Address <input type="checkbox"/> Same as Residential Address	
Professional Address – Line 1	
Professional Address – Line 2	
Professional Country	
Professional State	
Professional District	
Professional City	
Rural / Urban	
Professional Postal Code (Enter only 6 digits)	
Professional Phone 1 (Number Should Not Start with 0)	
Professional Phone 2 (Number Should Not Start with 0)	
Educational Information	
Degree	
Subject	
Internship Starts From	
Name of the University	
Name of the College Studied	

Note: A soft copy of Passport size Photo in (JPG Format), Address Proof either Aadhar, Passport or Election ID, S.S.L.C marks card (For DOB Verification), Final Year Marks card in (PDF Format) should be submitted by email to swarnashetty@nitte.edu.in

This Application and the soft copies of the above documents should be submitted to the college office on or before 6th February 2020 without fail.